



NOTICE OF FIRE TRAINING PROGRAM

Training Level: ☐ Fire Fighter I & II ☐ Basic Pumps Operator Course (BPOC)
☐ Basic Fire School ☐ Emergency Vehicle Driver Training (EVDI)

Approximate Program Start Date: _____

Approximate Program End Date: _____

Fire Department: _____

Program Coordinator: _____

Chief: _____

Affiliation: _____

Address: _____

Address: _____

Daytime Phone #: _____

Daytime Phone #: _____

Evening Phone #: _____

Evening Phone #: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Nearest Location for Practical Skills Exam:

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Auburn | <input type="checkbox"/> Bangor | <input type="checkbox"/> Caribou |
| <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Farmington |
| <input type="checkbox"/> Hollis | <input type="checkbox"/> Yarmouth | |

PROGRAM COORDINATORS MUST SUBMIT THE FOLLOWING TO MFSI

- ☐ This *Notice of Fire Training Program form*
- ☐ A **roster** of all instructors and all candidates. Include the following information: *Name, Street Address, Primary Phone Number, Last Four (4) Digits of SSN, and Email Address*
- ☐ A **tentative schedule** including potential written and end test dates

EMAIL MFSI CERTIFICATION: jroy@maineccc.edu and dklemanski@maineccc.edu

Date Submitted: _____

For MFSI Office Use Only:

Received by: _____ Date: _____

Last updated September 2025