

Lehigh Emergency Services Training Academy

640 W Hamilton St, 8th Floor Allentown PA 18101 (610) 799-1101 lesta@lehighcounty.org

Bucks County Community College Course Request Form

This form must be submitted to Joe Light with at least 9 weeks lead time before proposed start date.

Course Title:	Code (FSC) if known	Code (FSC) if knownCourse Length - Hours		
Start Date:	End Date:			
Start Time:	End Time:			
Indicate any other date / times this course will mo	eet:			
Contact Person:	Mobile Telephone No:			
Organization Name:	Contact Email:			
Course Location (include Street, City, State, Z): Is "Live Fire" being used?	: Yes	No	
	Is DOH ConEd Provided?	Yes	No	
Name, Address, & Phone Number of Instructor	r Instructor Contacted?:	Yes	No	
Signature of Requesting Agency Reporesenative	e (Chief, Training Officer, President)			
Signature	Printed Name	Da	Date	

By checking this box, I acknowledge that this is just a request and not a guaranteed approval from LESTA to use LESTA's TMP Package for this course. Approval will come from the LESTA Training Coordinator via email. I also acknowledge LESTA will not pay for certification testing and this is the responsibility of the student of fire company requesting training.

Please submit this form to the Fire Training Coordinator Email: josephlight@lehighcounty.org