



Dear Local President,

Thank you for your interest in the International Association of Fire Fighters HazMat/WMD Training Department programs. Your request for indirect training has been approved, so please review the following information to make sure you have everything you need.

Training Curriculum:

- Do you have a copy of the curriculum for the training you are requesting? _____
 - If so, which version/copyright year? _____
 - If you do not have a copy, or if we see that you are using an outdated version, we will send you a CD so you can make copies for your training.

Names and IAFF Member ID #s of Instructors: (Please list the instructors who will train.)

Paperwork:

- You must complete the following paperwork and return it to the IAFF.
 - Day 1 Sign-in Sheet
 - Registration and Survey forms for each student
- To help you as you fill out the forms:
 - Your Class Identification Number (CIN) is _____.
 - The membership number is the student's IAFF membership number. (The local president can access those numbers on the IAFF web site)
 - Do not fill in Social Security Numbers. We no longer request that information, and are in the process of updating our forms to reflect that.
 - Print clearly, as names on certificates will be transcribed accordingly.

To continue to receive federal grant funding which allows us to develop curricula and provide free training to departments such as yours, it is very important that we receive a registration form for each student. Please return your paperwork upon completion of your training so we can send you certificates for those students who completed the course, and claim the training with our federal grantor.

Please sign and date this letter, and place all registration forms (and this signed letter) in an envelope and mail to:

International Association of Fire Fighters
HazMat/WMD Training Department-Indirect Training
1750 New York Avenue, NW
Washington, DC 20006

The IAFF's _____ course was delivered by a qualified training officer. Enclosed are the completed registration/survey forms for those students who successfully completed the class. I understand the IAFF will provide certificates of completion to those students who completed this training. Additionally, I understand any associated class credits or recommendations through the American Council on Education (ACE) or the National Labor College (NLC) will be afforded to members who successfully completed the class and submitted registration/survey forms.

Please send certificates to:

- IAFF Local # _____ (Address on file)

OR

- Point of Contact Name/Address:

_____/_____/_____ / _____
Date Printed Name Signature