



PENNSYLVANIA STATE FIRE ACADEMY
“ACADEMY ON THE ROAD (AOTR)”
PROGRAM REQUEST APPLICATION

Name of program requested: _____

Date(s) of program: _____ **Start Time:** _____

Contact Person Name and Title: _____

Email Address: _____

Daylight phone number: _____

Cell phone number: _____

Name of Host organization: _____

Address of Host organization: _____

City and Zip Code of Host: _____

County of Host Organization: _____ **Max Seating Available:** _____

Name of Chief/President Approving Application: _____

Title of Above Person: _____

Signature of Above Person: _____ **Date:** _____

Location of where the class will begin on the first day:

Location of class for outside exercises (if different than the above address)

NOTE: If requesting Flashover Simulator, list GPS coordinates along with physical location:

Email Address:
Thleiter@Pa.Gov

Return this completed form to:
Resident Instructor Tom Leiter
717 247-3750
OSFC.PA.GOV

Mailing Address:
1150 Riverside Drive
Lewistown, PA 17044