



COUNTY OF LEHIGH

Emergency Services

Tanya Hook
Director

Joseph Light
Operations & Training Coordinator

LESTA 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.

To be completed by Chief Officer requesting the course

Course Title: **Code (FSC) if known** **Course Length -Hours**

Start Date: **End Date:**

Start Time: **End Time:**

Indicate any other date / times this course will meet:

Contact Person: **Mobile Telephone No.**

Organization Name: **Contact Email:**

Course Location (include Street, City, State, Zip): **Is "Live Fire" being used?:** **YES** **NO**
Is DOH ConEd Provided? **YES** **NO**

Name, Address & Phone Number of Proposed Instructor **Instructor Contacted:** **YES** **NO**

Signature of Requesting Agency Representative (Chief, Training Officer, President)

Signature **Printed Name** **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 Operations & Training Coordinator from Lehigh County EMA via email. I also acknowledge LESTA will not pay for certification testing and that is the responsibility of the student and or fire company.

Please submit this form to Joe Light, Operations & Training Coordinator
Email: josephlight@lehighcounty.org

Office of Emergency Management

Phone: 610-782-4603
Cell: 484-523-4052
Fax: 610-782-4610

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