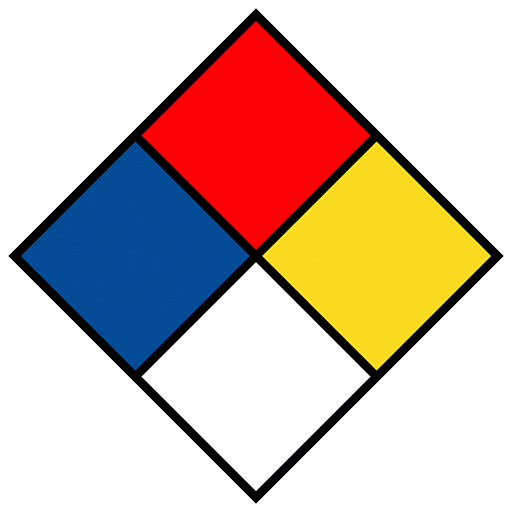
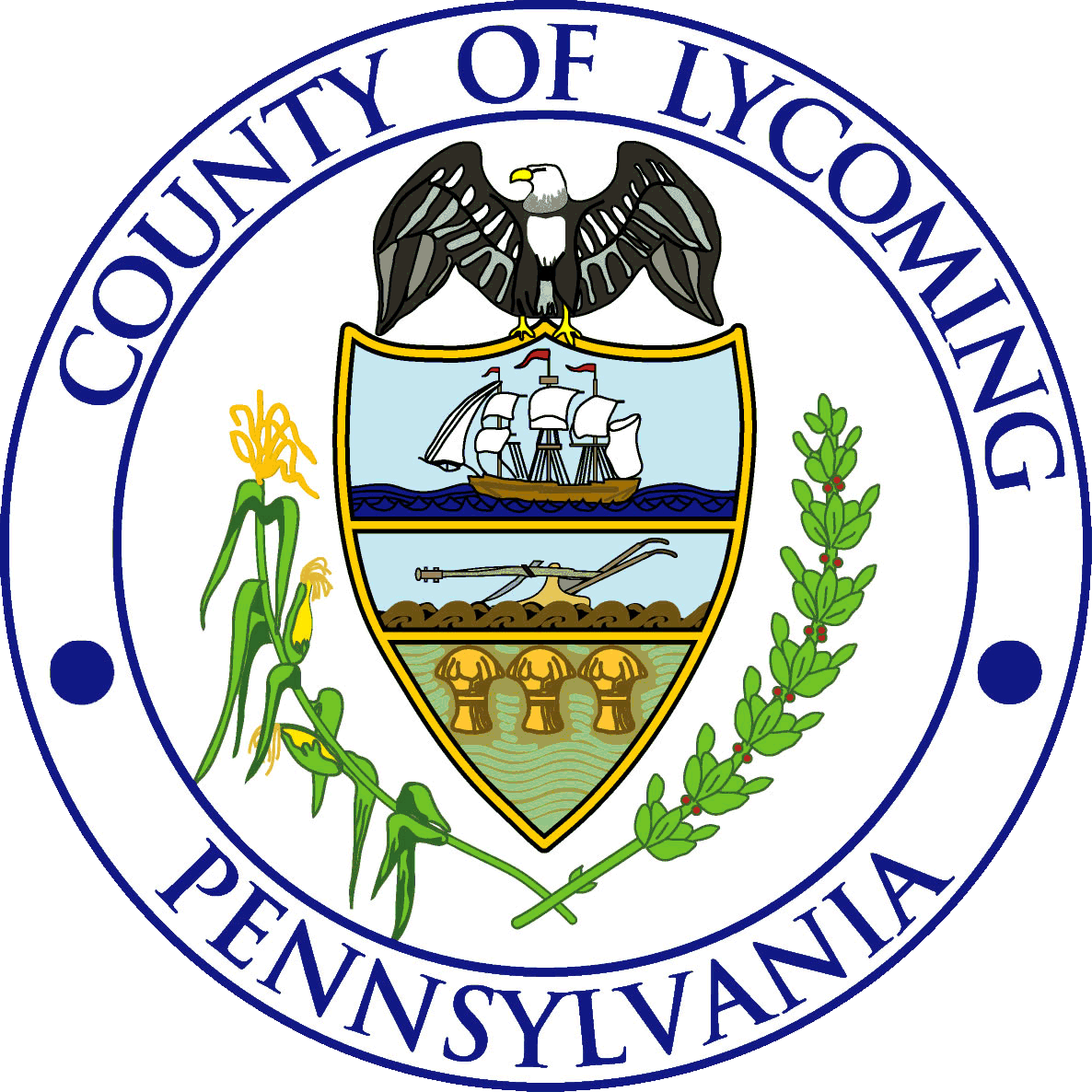
**Lycoming County Department of Public Safety**



**LEPC**



**Local Emergency Planning Committee**

**Course Request Form**

|  |  |  |
| --- | --- | --- |
| **FSC:** Bucks FSC Number | | **Hours:** Hours |
| **Course Title:** Bucks Course Title | | |
| **Course Dates & Times:** (Please list all dates and times)  All course dates & Times | | |
| **Instructor:** (if known) Instructors Name if Contacted | | |
| **Course Location:** Choose an item. | | |
| **Course Address:** Address | | |
| **Contact Person for Course:**  Contact Person | **Phone:** Phone | |
| **E-mail:** Email | |
| **DOH ConEd Requested:** Choose an item. | | |
| **Additional Materials Needed:**  Additional Items | | |
| **Person/Title Requesting Course:**  Name & Title | | **Date:**  Date |

**Submit Form to: pyoung@lyco.org**

**By signing your name above, you are agreeing to an open course for Lycoming County first responders.**

**If a course request is full (25), please submit a roster with names and contact phone numbers and/or e-mails of all students within your station.**