

Horry County Fire Rescue

2560 North Main Street, Suite 2
Conway, South Carolina 29526



Fire Training Division

ALL TRAINNG REQUESTS

FAX: (843) 756-3252

REQUEST FOR FIRE TRAINING FORM

IF SCFA CLASS IS REQUESTED A SCFA REGISTRATION FORM IS REQUIRED

DATE OF REQUEST: _____ STATION: _____ SHIFT: _____

STATUS: (CAREER OR VOLUNTEER) _____

NAME: _____ CONTACT # (OFF DUTY) _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

NAME OF CLASS: _____

LOCATION OF CLASS: _____

DATE(S) OF CLASS: _____

DAY(S) OF CLASS: MON TUES WED THURS FRI SAT SUN

ANTICIPATED COST: TUITION \$ _____ TRAVEL \$ _____ OTHER \$ _____

COURSE JUSTIFICATION: _____

** Note: 1. If you wish to request HCFR to pay for and take care of the below items check "yes" to all that apply
2. If you plan on covering the items below, then check "no" to all that apply*

	YES	NO	APPROVED	DEINED
1. COST OF CLASS				
2. TRAVEL (Motor Pool or other County Vehicle)				
*MILEAGE (POV if no County vehicle available)				
3. MEALS (Eligibility per County Travel Policy)				
4. LODGING				
5. SHIFT COVERAGE				

COMPANY OFFICER: _____ APPROVED DENIED DATE: _____

TRAINING DIVISION: _____ APPROVED DENIED DATE: _____

CHIEF OF TRAINING: _____ APPROVED DENIED DATE: _____

EXPLANATION OF DENIAL: _____

INCOMPLETE FORMS WILL BE RETURNED
SCFA REGISTRATION MUST BE SUBMITTED WITH THIS FORM