



# FIRE EXTINGUISHER TRAINING REQUEST

## SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office**  
620 South "E" Street  
San Bernardino, CA 92415-0179  
Phone (909) 386-8470  
Fax (909) 386-8460  
Hours: 8:00 am – 5:00 pm M-F

**North Desert Office**  
15900 Smoke Tree St. Suite 131  
Hesperia, CA 92345-3222  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:00 am – 5:00 pm M-F

**Lake Arrowhead Office**  
301 St. Hwy. 173, P.O. Box 130  
Lake Arrowhead, CA 92352  
Phone (909) 337-8586  
Fax (909) 336-3182  
Hours: 9:00 am – 12:00 pm Tues

**South Desert Office**  
58928 Business Center Dr.  
Yucca Valley, CA 92284  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:30 am to 4:00 pm Tues

WEBSITE: [www.sbcfire.org](http://www.sbcfire.org)

### REQUESTOR INFORMATION

PLEASE COMPLETE THE INFORMATION BELOW AND MAIL TO THE SAN BERNARDINO COUNTY FIRE DEPARTMENT AT THE APPROPRIATE ADDRESS ABOVE.  
UPON REVIEW, THE DEPARTMENT WILL CONTACT YOU REGARDING THE STATUS OF YOUR REQUEST.

REQUESTING AGENCY or BUSINESS	CONTACT NAME	TITLE	DATE of REQUEST
BILLING ADDRESS		STATE	ZIP CODE
		PHONE	FAX
TYPE of BUSINESS			

### TRAINING DETAILS

TRAINING LOCATION	TRAINING CONTACT	PHONE
# of STUDENTS	PREFERRED TRAINING DATE AND TIME Date: _____ Time: _____ to _____	ALTERNATE TRAINING DATE AND TIME Date: _____ Time: _____ to _____

Every effort will be made to accommodate your preferred date and time of training. However, scheduling will depend upon staff availability at the time of the request.

### FEE ACKNOWLEDGEMENT

The fee for fire extinguisher training is \$374.00 for the first hour, and \$131.00 for each additional hour. One (1) hour of training can typically accommodate up to twenty-five (25) participants. This fee pays for the Trainer's time and supplies.

This fee presumes that you will provide your own fire extinguishers. You must coordinate the training date with your fire extinguisher servicing company to have your fire extinguisher servicing company service and recharge your extinguishers after the training. Written proof, such as a work order or contract, must be available for inspection on or before the training date.

You will be contacted upon receipt of this request with an estimated training cost. Payment must be received in the form of a check, cash or money order no later than 7 working days prior to the date of the scheduled training or training dates may be rescheduled. Checks and money orders are to be made payable to "San Bernardino County Fire Department". County departments wishing to pay via a warrant must advise the scheduling clerk prior to scheduling the training.

I acknowledge that the quoted fee for this training is an estimate based on information that I have presented. If training times should exceed the amount paid, I understand that I will be billed for any additional training time provided and agree to pay the amount billed.

_____	_____
Sign Name	Title
_____	_____
Print Name	Date

### OFFICE USE ONLY

ESTIMATED COST OF TRAINING \$374 (1 <sup>st</sup> Hr.) + _____ Hours @ \$131/hr:	DATE of TRAINING	SCHED. TIME OF TRAINING	TRAINER
CHECK/MONEY ORDER NUMBER	RECIPT NUMBER	INVOICE #	DATE INVOICE MAILED
DATE INVOICE PAID	ACTUAL TRAINING HOURS	ACTUAL FEES DUE \$374 (1 <sup>st</sup> Hr.) + _____ Hours @ \$131/hr:	SIGNATURE
TITLE	CHECK/MONEY ORDER NUMBER	RECIPT NUMBER	INVOICE #
DATE INVOICE MAILED	DATE INVOICE PAID		