



Office of the Fire Commissioner



BC STRUCTURE FIREFIGHTER MINIMUM TRAINING MATERIALS REQUEST FORM

Date: _____

Fire Department Name: _____

Community where Department is located: _____

Fire Chief Name: _____

Contact Phone #: _____

Email: _____

Training Curriculum Materials Requested: (place a check mark in the table below)

- | | |
|--|---|
| <input type="checkbox"/> Exterior Firefighter | <input type="checkbox"/> Interior Firefighter |
| <input type="checkbox"/> Apparatus Driver – Exterior | <input type="checkbox"/> Apparatus Driver – Interior |
| <input type="checkbox"/> Team Leader – Exterior | <input type="checkbox"/> Team Leader – Interior |
| <input type="checkbox"/> Incident Commander – Exterior | <input type="checkbox"/> Incident Commander – Interior |
| <input type="checkbox"/> Trainer Support Materials | <input type="checkbox"/> Incident Safety Officer - Interior |

As Fire Chief for the department listed above, I request that the Office of the Fire Commissioner approve the sharing of the identified curriculum materials and I confirm that;

- The AHJ has issued a formal declaration of our department service level (Please provide a copy)
- This department will only use instructors that meet or exceed the requirements outlined
- The department meets the WorkSafeBC OHS requirements for the operation of this department
- We acknowledge that the ownership of all the provided materials remains with the Office of the Fire Commissioner and its shared use is restricted to non-commercial purposes

Signature of the Fire Chief: _____

The OFC will contact the requesting department to confirm the request.

Email the completed form to OFC@gov.bc.ca