



REGIONAL DELIVERY REQUEST APPLICATION

Ohio Fire Academy
 8895 East Main Street
 Reynoldsburg, Ohio 43068

Registrar: 614-752-7189 / 888-726-7731
Email: Webofa@com.state.oh.us
Fax: 614-752-7111

Website:
fireacademy.com.ohio.gov

Instructions

- To schedule an Ohio Fire Academy (OFA) Regional Delivery offering at no charge the following criteria must be met.
- a. Courses must have a planned attendance of a minimum 50 persons, or attendance from a minimum of 3 agencies.
 - b. Course/s must be on the list of approved Regional Delivery courses.
 - c. Course/s must be scheduled at least 45 days in advance.
 - d. Direct Delivery request form must be submitted for course.

Regional Delivery courses are approved on a case by case basis and are based on availability of funds.

Host agency may be required to assist with arranging for facilities, equipment and materials necessary for the course. If you have any questions or need any other assistance, please contact the Academy at the contact info above and ask for the Direct Delivery coordinator.

Host Agency Information

| | | | | |
|------------------|--|--------------------------------|---------------------|-------|
| Agency Name | | FDID / Agency# (if applicable) | | |
| Address | | City | State | Zip |
| Contact Name | | Work Phone () - | Cell Phone () - | Email |
| Alt Contact Name | | Work Phone () - | Cell Phone () - | Email |

Agencies Involved* - Please list the Agencies that will be participating in the training (minimum 3 agencies required)

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |

*Please list planned attendance number if utilizing attendance to meet request requisite.

Course Information

**** Attach Direct Delivery Form for Each Class**

| List Requested Courses | Start Date | End Date | Location |
|------------------------|------------|----------|----------|
| | | | |

Office Use Only

| | | |
|---------------------|------------------------------|----------------------------------|
| Request Received By | Date & Time Request Received | Criteria approval (check if met) |
| | | a b c d |

Superintendent Approval: _____ Date: _____