



Colorado Division of Fire Safety

Course Sponsor Coordination Plan

Please complete the following information (print or type). Complete one form for each course/class requested.

Course Title: _____

Dates: Primary Choice: _____ Alternate Choice: _____

Location of Training

Name of building: _____

Address: _____

City, State, Zip: _____

Emergency phone number: _____

Sponsoring Host

Organization name: _____

Instructor Information

Leave blank if you do not have an instructor.

Lead Instructor: _____

Secondary Instructor: _____

Local Course Coordinator

Name & Title: _____

Email address: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Home Phone: _____

Shipping Address

Note: Materials

**CANNOT be shipped to a
Post Office address.**

Address: _____

City, State, Zip: _____

Attention: _____

Check Box if materials will be picked up

Date Materials to be Picked Up: _____

Exam Proctor

Name : _____ Proctor Number: _____

Address: _____

City, State, Zip: _____

Phone Number Work: _____

Phone Number Home: _____

Email Address: _____

Anticipated number of individuals that will participate in this course: _____

Are students from outside your organization welcome to attend? Yes _____ No _____

Do you want the Division of Fire Safety to advertise this course? Yes _____ No _____

Do you or your organization have the necessary equipment to support a
Power Point presentation (Laptop computer and LCD projector)? Yes _____ No _____

Please submit this information by either email or telefax to:

Colorado Division of Fire Safety

Attention Alison Owsiany

Fax: 720-852-6756

Phone: 303-852-6735

alison.owsiany@cdps.state.co.us

This information must be submitted no less than 30 days in advance of the course delivery dates.