

BURLINGTON COUNTY EMERGENCY SERVICES TRAINING CENTER

TRAINING FACILITY APPLICATION FOR USE

(Applications due by the 20th of the month prior to the month requested)

ORGANIZATION / STATION		APPLICATION DATE	
CONTACT PERSON	CONTACT EMAIL	DAYTIME TELEPHONE	
BILLING ADDRESS	CITY	STATE	ZIP

Note: Please contact the ESTC office before forwarding application to determine availability. Do you require a copy of training facility instructions? () Yes () No

_____	_____	am / pm
Date Requested	Arrival / Departure Time	

*****IMPORTANT***** In accordance with **NFPA 1403** - Please attach an outline / lesson plan with application. If one is not attached, the facility request **WILL NOT** be approved.

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|---------------------------|--------------------------------|---|
| Outdoor Evolutions | () Flammable Liquids Pit | () Railroad Tank Car |
| () Class A - Front | () Flammable Liquids Tub | () Highway Tanker |
| () Class A - Rear | () Flammable Liquids Flanges | () Driver Training |
| () Tower Apartment | () Flammable Liquids Quad | Select One: () Propane Tank () Liquid Spill Storage Locker |
| () Tower Sprinklers | () Flammable Liquids 3D Spill | () Roof Simulator |
| () Tower Rescue | () Extinguisher Pans | Indoor Areas |
| () Confined Space Tunnel | () Vehicle Fires | () Classroom (48 seats) # of Classrooms _____ |
| () Air Compressor | () Vehicle Extrication Area | () Lecture Hall – (For Groups of 49 to 149) |
| () Service Building | () Drafting Pond | () Practical Area |
| () Smoke House Maze | () Natural Gas Demo | () Smoke House Maze |
| () Other _____ | | () Confined Space |

QTO(s) conducting Live Fire Burns: _____

Will your group require food service which is available for an additional fee?: _____ Yes _____ No

*****NOTE:** Should your organization deem cancellation of confirmed date(s) to be necessary, please contact the Burlington County Emergency Services Training Center Office at 702-7157 between 0830-1630 (after 1630 contact the Training Grounds at 702-7157 ext. 3940). All in-county agencies will have application priority to March 1. All other out-of-county organizations will be accepted after that time (in-county agencies retaining priority).

PROOF OF INSURANCE MUST BE SUBMITTED WITH APPLICATION: The insurance required consists of: **a)** Statutory worker's compensation and employer's liability insurance; **b)** Comprehensive, all risks, general liability insurance including personal injury and property damage liability of not less than \$1,000,000.00 each occurrence/\$1,000,000.00 annual aggregate; and **c)** Automobile bodily injury and property damage liability insurance with a limit of not less than \$1,000,000.00 combined single limit. Upon approval of the application by the County of Burlington, the applicant agrees to abide by all Rules and Regulations of the County of Burlington and of the Burlington County Emergency Services Training Center.

The Applicant agrees to indemnify and hold harmless the Burlington County Board of Chosen Freeholders and its employees and agents from any and all claims for any type of personal injury, property or other damages, including attorney fees and costs arising out of the execution of this contract or the Applicant's use or occupancy of the premises controlled by the Burlington County Emergency Services Training Center. The Applicant acknowledges its responsibility to ensure the safety of its equipment and that its personnel or members are physically able and have satisfied any conditions necessary to participate in the training exercises at the ESTC.

Board of Chosen Freeholders:

APPLICANT'S SIGNATURE / TITLE

By: Division of Emergency Services Training