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Fire Extinguisher Training Request Form

Applicant Information:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Fire Training Information:

Location of Fire: _____

Property Owner: _____ Phone #: _____

Person Responsible: _____ Phone #: _____

Date(s) of Training: _____

Materials to be burned: _____

Requested By: _____

Phone #: _____

Fax #: _____

E-mail: _____

Billing address if different from Applicant Information:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Permit Fee - \$26.00 per training day.