



Bucks County Community College
 Department of Public Safety Training and Certification

1760 South Easton Road
 Doylestown, PA 18901 Ph:
 215-340-8417
 Fax: 215-788-4906
www.bucks.edu/publicsafety

FACILITY / PROP USE APPLICATION

This form must be submitted to the Bucks County Community College – Department of Public Safety Training & Certification Facility Operations Department at least 4 weeks lead time before proposed starting date.

To be completed by the requesting organization.

Purpose/Course Title:		Hours Needed:		Facility Use Only: FSC 100. _____	
Starting Date:		Ending Date:			
Starting Time:		Ending Time:			

Indicate any additional date / times this Facility/Prop use will meet or be needed:

- Schedule Attached
 N/A

SECTION 2: Organization Name, Address and Contact Person:

Contact Person:	Day Telephone No:
Org Name:	Evening Telephone No.:
Address 1:	Mobile Telephone No:
Address 2:	Fax Number:
City, State, Zip:	E-mail Address:

SECTION 3: Facility Address or Location Prop will be used at:

Location (include Street, City, State, Zip):	Sponsoring Agency & Primary Instructor Name
BCPSTC, 1760 S. Easton Road, Doylestown, PA 18901	

SECTION 4: Facility Room or Prop that is being requested:

Facility rooms and props can not be guaranteed by filling out this form. Please contact the Operations Department for availability.

Preferred Facility Room(s):	Props, Equipment, Training Area:
Classroom (up to 40 seats): <input type="checkbox"/> 201 <input type="checkbox"/> 202 <input type="checkbox"/> 203	Training Tower: <input type="checkbox"/> Yes
<input type="checkbox"/> No Room Preference <input type="checkbox"/> 104 <input type="checkbox"/> 105 <input type="checkbox"/> 106	Extrication Area: <input type="checkbox"/> Yes
Auditorium (up to 80 seats): <input type="checkbox"/> 201/202	Live Fire Burn Prop: <input type="checkbox"/> Yes
Specific room needs please indicate training needs:	Extinguisher (Bullex) Prop #1: <input type="checkbox"/> Yes
	Vehicle Fire (mobile) Prop #1: <input type="checkbox"/> Yes
<input type="checkbox"/> LCD projector <input type="checkbox"/> Computer <input type="checkbox"/> Internet Access	Forcible Entry (mobile) Prop #1: <input type="checkbox"/> Yes
<input type="checkbox"/> Microphone <input type="checkbox"/> Video/DVD <input type="checkbox"/> Microphone	Confined Space Rescue Area: <input type="checkbox"/> Yes
Equipment/Training area not listed on this form: (be specific):	Bleacher Area: <input type="checkbox"/> Yes
	HazMat Area: <input type="checkbox"/> Yes
Cafeteria Area: <input type="checkbox"/> YES <input type="checkbox"/> NO	Trench Prop: <input type="checkbox"/> Yes
Purpose: <input type="checkbox"/> Lunch/Breaks <input type="checkbox"/> Testing <input type="checkbox"/> Registration	Flammable Liquids Pad: <input type="checkbox"/> Yes
<input type="checkbox"/> Other _____	

SECTION 5: Signature of Requesting Agency:

Requesting Person:	Signature:
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