



200 Technology Way, Suite 1162, College Station, TX 77845-3424

PLEASE RETURN AS AN E-MAIL ATTACHMENT TO TFS EXTERNAL TRAINING

Training Approval Worksheet

TFS guidelines requires this form be completed and submitted to the training section for approval, at least thirty (30) days prior to the commencement of training, in order for document preparation and materials order/delivery

Course Information: Course ID / Title: [] Single Customer [] Open Enrollment

Certifying / Qualifying authority: [] NWCG [] TIFMAS [] TCFP** [] SFFMA [] Other : ** TCFP approved training requires additional documentation as well as pre-approval from TCFP. Please allow extra time to setup.

Classroom Location(s): Practical Performance Training Location(s): If same as Classroom, leave blank.

Course Schedule: PLEASE ATTACH A COURSE SCHEDULE AS NEEDED. Table with columns: Course Start Date, Course End Date, Class Start Time(s), Class End Time(s), # Days, # Nights, Total Hrs.

Lead Instructor: Name, Agency/Organization, Instructor Qualification, Office Phone #, Mobile #, E-mail, Materials Shipping Address, City, State, Zip

Unit Instructor 1: Name, Agency/Organization, Instructor Qualification

Unit Instructor 2: Name, Agency/Organization, Instructor Qualification

Unit Instructor 3: Name, Agency/Organization, Instructor Qualification

Unit Instructor 4: Name, Agency/Organization, Instructor Qualification

Unit Instructor 5: Name, Agency/Organization, Instructor Qualification



TRAINING APPROVAL WORKSHEET

Class Information:		*Unless otherwise requested, if you indicate you need materials you will be shipped student materials as indicated for your class.	
	# Students	Materials Needed*	
For open enrollment list max/min.	Max / Min	[] Yes	[] No

Additional Information			

Customer Information:	Agency/Organization		
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	Title:	Name:	
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Customer Point of Contact:	Phone #:	Mobile #:	E-mail	
Mailing	Address:	City:	State:	Zip:
Shipping	Address	City:	State:	Zip:

Customer Signatory:	Title:	Name:		
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	Phone #:	Mobile #:	E-mail	
Mailing	Address:	City:	State:	Zip:

Lead Instructor Authorization

I, _____ am _____ for
 Lead instructor's Supervisor Rank/Assignment

_____, and hereby recognize _____
 Agency/Organization Lead Instructor

as a paid, full-time employee representing my agency/organization during the delivery of the class(s) identified in this training application.

Signature: _____ Date: _____
 X _____

NOTICE: This quote will be provided to the host organization based on the information shown above. Student seats surplus to the host organization may be filled at the discretion of the host. A cost recovery tuition may be charged by the host in the amount of the total individual student cost plus any reasonable cost directly associated with the expense of hosting the class. This additional cost may include prorated facilities and/or logistics expenses.

TFS DELIVERED COURSE STUDENT SEATS ARE NOT TO BE SOLD FOR PROFIT.
 Doing so may result in the loss of TFS Tuition Assistance Grants Program participation for up to two years.

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