

**OFFICE OF FIRE AND EMERGENCY SERVICES**

Fire Training Center, 35 Firemen's Memorial Drive  
 Pomona, New York 10970  
 Phone: (845) 364-8800 Fax: (845) 364-8961

**Christopher G Kear**  
*Director*

<b>REQUEST TO USE THE FIRE TRAINING CENTER</b>		
Requested Date	Time In	Time Out
Name of Person In-charge/Lead Instructor:		
Phone:		Email:
Department / Agency		
Title or Subject Matter:		
Number of Participants:		Date of Form:

FTC Classroom <input type="checkbox"/> Need to Use Classroom Computer <input type="checkbox"/> Need to Use Classroom Smartboard <input type="checkbox"/> Serving Food & Refreshments	Classroom Assigned _ _	
FTC Auditorium <input type="checkbox"/> Need to Use Podium Computer / Screen <input type="checkbox"/> Need Lapel Microphone <input type="checkbox"/> Need Handheld Microphone <input type="checkbox"/> Serving Food & Refreshments	<input type="checkbox"/> Registration Table <input type="checkbox"/> Tables & Chairs (250 Max) <input type="checkbox"/> Just Chairs (450 Max)	
FTC Training Props <input type="checkbox"/> Andrew Fredericks Fire Safety Building – Mask Confidence <input type="checkbox"/> Andrew Fredericks Fire Safety Building – Apartment Side <input type="checkbox"/> Andrew Fredericks Fire Safety Building – Classroom <input type="checkbox"/> Apparatus Floor <input type="checkbox"/> Burn Building <input type="checkbox"/> Burn Containers <input type="checkbox"/> Confine Space Prop <input type="checkbox"/> Collapse Simulator A (By Drafting Pond) <input type="checkbox"/> Collapse Simulator B (TRT Prop) <input type="checkbox"/> Drafting Pond <input type="checkbox"/> Extrication Field <input type="checkbox"/> Flashover Unit <input type="checkbox"/> Leak Street <input type="checkbox"/> Oil Pits <input type="checkbox"/> Parking Lot <input type="checkbox"/> Propane Props <input type="checkbox"/> Roof Prop <input type="checkbox"/> Tower Building		<input type="checkbox"/> Bail Out Prop <input type="checkbox"/> Car Fire Prop  <input type="checkbox"/> Extinguisher Props  <input type="checkbox"/> Railroad Tank Car

Completed Form should be emailed to [HealyM@co.rockland.ny.us](mailto:HealyM@co.rockland.ny.us). with [Byrnep@co.rockland.ny.us](mailto:Byrnep@co.rockland.ny.us) and [RoseS@co.rockland.ny.us](mailto:RoseS@co.rockland.ny.us) as cc's. Request will be approved or denied within one week of receiving request. Requests must be made at least one month in advance.

If you have any special accommodation needs, please contact the Fire Training Center by calling

845-364-8900 or via email in advance.

RULES AND REGULATIONS GOVERNING USE OF  
THE ROCKLAND COUNTY FIRE TRAINING CENTER PROPERTY

1. No individual or group will be permitted the use or movement of any equipment, personnel or property unless this privilege is specifically granted on the permit.
2. The applicant will ensure proper conduct of all people attending functions at this facility and that the applicant can and will assume full financial responsibility for any damage or loss, which the activity may cause to Center property.
3. All arrangements for refreshments of any kind must be made with the Fire Training Center Administration at the time the "Application for use" is approved. Additionally, the serving or consumption of any alcoholic beverage is strictly forbidden in any of the Center's facilities or grounds during training sessions.
4. Any group given permission to use Center facilities must leave that facility in the SAME CLEAN condition in which they are found.
5. A person designated by each group, as its authorized representative will be responsible for making all arrangements with the Facility Coordinator for the use of the Center facilities and equipment. If this person should change the group will notify the Facility Coordinator.
7. Access to the Administrative Office is restricted to the one person representing the organization.
6. Any permit may be revoked immediately for failure to comply with the policies and regulations governing the use of Center facilities as established by the Director of Fire and Emergency Services. Any violation of the above rules and the applicant may face the loss of facility privilege in the future.
7. There is a room use charge for any Non-County or Non-Government Agency to use this facility. Check with the Administration Office for current charges.



# OFFICE OF THE COUNTY EXECUTIVE REQUEST FOR USE OF COUNTY PROPERTY

Name of group or organization:

Address:

Phone:

Fax:

Contact Person:

Phone:

Email:

**Commercial General Liability insurance and statutory NYS Workers Compensation / Disability or exemptions are required. The County of Rockland must be named as an additional insured where applicable by policy or endorsement.**

**Please state the name of your organization's insurance broker**

**An ACORD Insurance certificate must be attached as proof of liability coverage and all other coverages that apply. Proof of NYS Workers Compensation / Disability or the exemptions must be submitted on NYS WC forms C105.2 or CE-200 (exemption) and DB120.1 (disability).**

What buildings or grounds are requested?

Date of Event:

Start time:

End time:

Purpose of Event:

Number of people expected (approx):

Age Group: (*Check those applicable*)

\*Infants to 18 years of age     Adults 18-60     Senior Citizens

\*Adequate adult supervision required

Number of Vehicles:    Cars                      Buses

Will food or beverages be served?     Yes     No

*Adequate supervision for clean-up is required*

### IMPORTANT

- All facilities must be returned to their original condition.
- All litter must be disposed of properly.
- It is the responsibility of the organization to notify all guests of the rules and regulations.
- Permit requests must be submitted two weeks prior to the event date

\_\_\_\_\_  
*Signature of Representative of Organization*

\_\_\_\_\_  
*Authorized Signature - CE Office*

This request Has/Has Not Been Granted

Please return to:    Office of the Rockland County Executive  
11 New Hempstead Rd  
New City, NY 10956  
Or fax to: 845-638-5856