

NFIRS Training Registration Form

Only 1 registration per form (Please duplicate for additional registrations)

Pre-registration Required – No Charge to Attend

Training Session Location: _____

Training Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ *Required

(All confirmations will be emailed)

Fire Department: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Completed registration forms can be mailed, faxed or emailed to the following:

NFIRS Training Registration
WV State Fire Marshal's Office
1207 Quarrier St 2nd Fl
Charleston WV 25301

Fax: (304) 558-2537

Email: nfirs@wv.gov (Full fire department name must be in the subject line of all emails.)

(Registration will NOT be taken over the phone)