

Fire Investigation Training Registration Form

Participant's name:	
Department:	Title:
Address:	
Telephone number:	Email:
SMOKE ID:	MCOLES number:
Pay	ment
Detroit Public Safety Foundation, 1301 Third Street, Suite 547, Detroit, MI 48226 REMITTANCE: Detroit Fire Investigation Training Pay by Credit Card: Visa MasterCard Discover American Express Name on Card Address on Card	
Card Number	Exp. Date CVV
Amount to Charge on Card \$	DPSF Federal Tax ID # 30-0056848
Trainin	g Details
Basic: Monday, October 17th - Friday, October 21, 202 Advanced: Monday October 24- Friday October 28, 20 8:00 am to 4:00 pm	ф 550
Detroit Public Safety Headquarters 1301 Third Street Detroit, MI 48226	Questions Contact: Chief Dennis Richardson 313-596-2946 richardsond@detroitmi.gov