



**STATE OF CONNECTICUT**  
**Commission on Fire Prevention and Control**  
 34 Perimeter Road  
 Windsor Locks, CT 06096  
 PH: 860-627-6363 FX: 860-654-1889  
 www.ct.gov/cfpc

**Entry Level Training Reimbursement Pre-Approval Request**

1 Reimbursement Claimant:	2 FEIN:
3 Agency Name:	4 Contact Name:
5 Address:	6 Phone:
7 City, State Zip:	8 Email:

**FOR CFPC USE ONLY**

<b>Student Information</b>						<b>FOR CFPC USE ONLY</b>			
9 Student Name: (Last, First, MI)	10 Student ID Number ID Number <small>The ID consists of the first (3) letters of your last name and the last (4) numbers of the student's social security number.</small>	11 FF-I or Recruit	12 Course Location/ Training Provider	13 Dates of Training		14 Reimbursement Amount  *Attach Copy of Invoice	15 Pre-Approval Authorization #	16 Date Certified	17 Reimbursement Date
				Start	End				

I hereby certify that I am authorized to claim reimbursement on behalf of the municipality, municipal or state agency fire department for Entry Level Training. It is further certified that all records documenting training and related expenses incurred will be maintained for a period of three (3) years following the date of certification. All records will be made available to the Commission on Fire Prevention and Control upon request.

18 \_\_\_\_\_  
 Authorized Signature

19 \_\_\_\_\_  
 Date

<b>FOR CFPC USE ONLY</b>
20 CFPC Authorized Signature
21 Printed Name

**\* PLEASE ATTACH A COPY OF YOUR TRAINING INVOICE**

