



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**DIVISION OF FIRE PREVENTION**  
**ADMINISTRATIVE SERVICES SECTION**  
**PERMITS AND LICENSES UNIT**  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
T ELEPHONE: 615-741-2981 F AX: 615-741 -1583

OFFICE USE ONLY
Course Number:

## CONTINUING EDUCATION CLASS REQUEST

**THIS FORM MUST BE SUBMITTED AT LEAST TEN (10) BUSINESS DAYS PRIOR TO THE FIRST OFFERING OF THE COURSE. FAILURE TO DO SO MAY RESULT IN DENIAL OF THE COURSE.**

1. Attach an outline of the course. Include the time frames for each segment.
2. Attach a biography of the instructor(s).
3. Attach a statement of the methods and tools to be utilized.
4. For continuing education courses with multiple sessions (where credit varies according to seminars attended), submit a separate form for each seminar. Each seminar will receive a separate course number.

Number of Contact Hours Requested:	Blasting Courses: Enter the number of hours below.	Fireworks courses: Itemize the number of hours to apply to each certification.		
		Outdoor:	Proximate Pyrotechnic:	Flame Effect:
Course Title:	_____			
	_____			
Date(s) of Course(s):	_____			
Location of Course(s):	_____			
	STREET			
	CITY	STATE	ZIP	
Instructor(s) Name:	_____			
Person Requesting Approval:	_____			
Address:	_____			
	STREET			
	CITY	STATE	ZIP	
Phone #:	Fax #:	Email Address:		

NOTE: 1) If approved, a copy of the approved form with the course number will be mailed to the requestor. The course number must be used on all future correspondence.

2) Notify the SFMO at least ten (10) business days prior to the approved class being held at other dates and locations.

OFFICE USE ONLY	
APPROVED BY:	DATE: