



CalFire/Pebble Beach Training Division

Presents:



OSFM Company Officer 2C

Fire Inspection and Investigation for Company Officers

- Instructor:** Paul Goodwin – Division Chief (Retired)
- Dates:** Jan 7-11, 2019
- Time:** 0800 to 1700 hours
- Location:** Public Safety Training Center
2642 Colonel Durham St
Seaside Ca, 93955
- Cost:** \$325.00
Class size is limited to 20 people
- Prerequisite:** Meets educational requirements for Firefighter II.
- Required Text:** Supplied by the class
- Description:** This course provides information on conducting inspections, identifying hazards and addressing violations, performing a fire investigation to determine preliminary cause and securing the incident scene and preserving evidence.

DEADLINE FOR REGISTRATION IS JAN 1ST AT 5:00 P.M.
NO CANCELLATIONS WILL BE ISSUED AFTER THAT DATE.

For more information on the class, contact Training Captain Colin Smith at Colin.Smith@fire.ca.gov
For questions on registration call 831 647 5606 and ask for Marianna Pimentel or email mpimentel@pbcSD.org

Pebble Beach Training Registration Form OSFM Company Officer 2C

Attendee Information (Please Print or Type):

| | | | |
|-----------------|------------|-----------------|---------|
| First Name: | Last Name: | Rank: | Agency: |
| Street Address: | City: | State: | Zip: |
| Phone # | Fax # | E-Mail Address: | |

Course Information:

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|--|
| <input type="checkbox"/> OSFM Company Officer 2C – Jan 7-11, 2019 Fee - \$325.00 (Refunds only issued for cancellations received by Jan 1, 2019) |
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Payment Options (Please enclose Payment with Registration Form):

| | | |
|--|--------------------------|------------------|
| Total Payment: | <i>Enter Amount Paid</i> | \$ |
| <input type="checkbox"/> Visa, MasterCard or Discover Number: | | Expiration Date: |
| <input type="checkbox"/> Signature of Authorized Card Holder: | | |
| <input type="checkbox"/> Check payable to: Pebble Beach Community Services District | | |

Return to: **Pebble Beach Community Services District**
3101 Forest Lake Rd.
Pebble Beach Ca 93953
Fax to: **(831) 649 2823**
Email to: mpimentel@pbcsd.org

For Office Use Only

Date Received _____ Entered by _____
 Visa/Mc/Disc Approval # _____ Check# _____