



# CalFire/Pebble Beach Training Division

Presents:



## OSFM Company Officer 2B

### General Administrative Functions for Company Officers

**Instructor:** Paul Goodwin – Division Chief (Retired)

**Dates:** Dec 17,18, 19 2018

**Time:** 0800 to 1700 hours

**Location:** Public Safety Training Center  
2642 Colonel Durham St  
Seaside Ca, 93955

**Cost:** \$225.00  
*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 general administrative functions and the implementation of department policies and procedures and addresses conveying the fire department's role, image, and mission to the public.

DEADLINE FOR REGISTRATION IS DEC 7 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](mailto:Colin.Smith@fire.ca.gov)  
For questions on registration call 831 647 5606 and ask for Marianna Pimentel or email [mpimentel@pbcscd.org](mailto:mpimentel@pbcscd.org)

## Pebble Beach Training Registration Form OSFM Company Officer 2B

**Attendee Information (Please Print or Type):**

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

**Course Information:**

<input type="checkbox"/> OSFM Company Officer 2B - Dec 17 <sup>th</sup> -19 <sup>th</sup> , 2018 <b>Fee - \$225.00 (Refunds only issued for cancellations received by Dec 7<sup>th</sup>, 2018)</b>
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**Payment Options (Please enclose Payment with Registration Form):**

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

**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](mailto:mpimentel@pbcsd.org)**

*For Office Use Only*

Date Received \_\_\_\_\_ Entered by \_\_\_\_\_  
 Visa/Mc/Disc    Approval # \_\_\_\_\_ Check# \_\_\_\_\_