



**Division of the State Fire Marshal**

**Reimbursement Request for Hazardous Materials  
Training Items**

Department/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Type of Reimbursement Requested:  
(Mark all that Apply)

Equipment

Consumable Items

Facility

Curriculum

Other Course Material

Specialized HAZ Mat Training Material

Please detail your reimbursement request as checked above (attach additional sheets): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Chief or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: All reimbursement requests will be reviewed by the Nevada State Fire Marshal for appropriateness. When submitting your reimbursement request, you will be required to provide original invoices, quotes and other documentation in order to expedite the reimbursement. This reimbursement is for Hazardous Material Training items only and is not to be used in the response to Hazardous Material or any other emergency incidents.

Approve

Rejected

\_\_\_\_\_  
State Fire Marshal Division

**Please Return Form to:**

**Training & Certification Bureau  
107 Jacobsen Way  
Carson City, NV 89701**

Fax Number 775-684-7507