



Bucks County Community College
Department of Public Safety Training and Certification

Website: <http://www.bucks.edu/publicsafety>

Doylestown Training Facility & Offices

1760 South Easton Road
 Doylestown, Pennsylvania 18901 Ph:
 215-340-8417 Fax: 215-788-4906

Newtown Business Office

275 Swamp Road
 Newtown, Pennsylvania 18940
 Ph. 215-504-8515 Fax 215-497-8721

Bristol Training Facility & Offices

2912 River Road
 Croydon, Pennsylvania 18940
 Ph: 267-685-4888 Fax: 215-788-4906

BRISTOL FACILITY / PROP USE APPLICATION

This form must be submitted to the Bucks County Community College – Department of Public Safety Training & Certification
 at least 4 **weeks** lead time before proposed starting date to allow for processing.

To be completed by the requesting organization.

Purpose/Course Title:		Hours Needed:		Facility Use Only: FSC 100. _____	
Starting Date:		Ending Date:			
Starting Time:		Ending Time:			
Indicate any additional date / times this Facility/Prop use will meet or be needed:					
See attached schedule					
SECTION 2: Organization Name, Address and Contact Person:					
Contact Person:			Day Telephone No:		
Org Name:			Evening Telephone No.:		
Address 1:			Mobile Telephone No:		
Address 2:			Fax Number:		
City, State, Zip:			E-mail Address:		
SECTION 3: Facility Address or Location Prop will be used at:					
Location (include Street, City, State, Zip):			Sponsoring Agency & Primary Instructor Name		
Lower Bucks Public Safety Training Center 2912 River Road Croydon, PA 19021					
SECTION 4: Facility Room or Prop that is being requested:					
Facility rooms and props can not be guaranteed by filling out this form. Please contact the Operations Department for availability.					
Preferred Facility Room(s):			Props, Equipment, Training Area:		
Classroom Room 111 (up to 24 seats):		<input type="checkbox"/> Yes	Training Tower:		<input type="checkbox"/> Yes
Commons Room 112 (up to 30 seats):		<input type="checkbox"/> Yes	Live Fire Burn Prop:		<input type="checkbox"/> Yes
Engine Bay (up to 60 seats):		<input type="checkbox"/> Yes	Dock Area		<input type="checkbox"/> Yes
<input type="checkbox"/> No Room Preference					
Specific room needs please indicate training needs:					
<input type="checkbox"/> LCD projector		<input type="checkbox"/> Computer		<input type="checkbox"/> Internet Access	
<input type="checkbox"/> Microphone		<input type="checkbox"/> Video/DVD		<input type="checkbox"/> SMART Board	
Equipment/Training area not listed on this form (please be specific):					
SECTION 5: Signature of Requesting Agency:					
Requesting Person:			Signature:		