STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
Administrative Services Section
500 James Robertson Parkway
Nashville, TN 37243
Phone (615) 741-2981 – Fax (615) 741-1583

CODE INSPECTOR COURSE SUBMITTAL FORM

Date:

NUMBER & TYPE OF CONTACT HOURS ASKED FOR:

FIRE	**Core:**	**BUILDING**	**Core:**
PLUMBING	**Core:**	**MECHANICAL**	**Core:**

COURSE #: **Hrs. Approved:** **Approved By:**

COURSE TITLE:

DATES(S) OF COURSE(S):

LOCATION OF COURSE(S):

INSTRUCTOR'S NAME:	**Sponsoring Agency:**
PERSON(S) REQUESTING APPROVAL FOR CONTACT HOURS:	
ADDRESS:	

PHONE # ( )	**FAX #** ( ) **e-mail**

COURSE OUTLINE BROKEN DOWN BY SUBJECT & TIME

(one sheet per topic/include lunch)

Make Copies As Needed For Courses.

CLASS SYLLABUS:
(one sheet per topic)

Date Submitted: _____

INSTRUCTOR'S INFORMATION

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Email: _____

Education:

_____

_____

_____

_____

_____

Work History:

_____

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Teaching Experience (last 5 years):

_____

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