



Lori Knapp Companies

Lori Knapp, Inc, Lori Knapp Crawford, Inc, Lori Knapp Fond du Lac & Lori Knapp Richland, Inc

Corporate Office: 608-326-5536
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Fire Safety Training Agreement of Services

INTENDED USE OF THIS FORM: *This FORM is designed to ...*

- Be an agreement of services between Lori Knapp Companies and the agency requesting the CBRF Fire Safety Training.

1	Please fill out the information below and fax to 608-326-4255
2	Name of Agency requesting training: _____
3	Address of Agency requesting training: _____
4	Date of Training: _____ Location of Training: _____
5	Approximate # of students attending training: _____
6	<p>Rate for Training: \$40 per student, which includes all materials, training, test out, and certification of training (<i>minimum of 5 students needed</i>)</p> <p style="padding-left: 40px;">\$28.00 per hour for travel time of instructor to and from location of training</p> <p style="padding-left: 40px;">\$0.40 per mile for instructor to and from location of training</p> <p style="padding-left: 40px;">If the instructor needs to stay overnight in a hotel a rate will be discussed</p> <p>By signing below the agency is agreeing to the rates for the training and mileage of the instructor.</p>
7	Agency Signature: _____ Date: _____
8	CBRF Fire Safety Training Instructor Signature: _____ Date: _____

OFFICE USE ONLY!	TASK:	DATE:	INITIALS:
	1. This form was received and determined to be "complete"	__/__/20__	
	2. Scanned in via File Central	__/__/20__	
	3. Logged information in to database	__/__/20__	
	4. Copies of this form sent to:	__/__/20__	

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