

# Arkansas Fire Training Academy

## Testing Request Form

Name of Class: \_\_\_\_\_

Location: \_\_\_\_\_

Date Class to be taught: \_\_\_\_\_

Test request forms have to be received by AFTA a month prior to the 1<sup>st</sup> requested date listed on this form. We need time to locate proctors to give test and get the tests to them.

Give 3 dates that you would like to have Test given:

1<sup>st</sup> date requested: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> date requested: \_\_\_\_\_ Time: \_\_\_\_\_

3<sup>rd</sup> date requested: \_\_\_\_\_ Time: \_\_\_\_\_

Please give a phone number or email address for us to contact you about when the best time will be to give the test.

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send this request to Shannon Fleming by fax (870) 574-0817 or email [sfleming@sautech.edu](mailto:sfleming@sautech.edu).

\_\_\_\_\_  
Name of Person requesting test