



**PARTICIPATING DEPARTMENT DECAL
Order Form**

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP CODE

COUNTY

REQUESTING PERSON and TITLE: _____

DAY TIME CONTACT NUMBER: _____ **Email:** _____

CHIEF EXECUTIVE or OPERATING OFFICER: _____

Signature

Date

Level of Recognition:

_____ 10%

_____ 50%

_____ 75%

_____ 100%

Number of Decals requested: _____

Effective January 1, 2010, there will be a fee of \$4.00 per decal. Payment must be made in the form of a check or money order, payable to the "Commonwealth of Pennsylvania".

**Mail application to:
Pennsylvania State Fire Academy
Attn: CERTIFICATION PROGRAM
1150 Riverside Drive
Lewistown, PA 17044**