

**EXHIBIT "A"**  
**ORGANIZATION INFORMATION**

Department Name: \_\_\_\_\_

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

Type of Training:  Fire       EMS       Law Enforcement

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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