



# WEST LAFAYETTE FIRE DEPARTMENT

300 NORTH STREET  
WEST LAFAYETTE, INDIANA 47906

**765.775.5175**

*Ensuring West Lafayette is always a safe and great place to work, live, and play.*

## CPR TRAINING REQUEST FORM

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Name of Organization Requesting Training

\_\_\_\_\_  
Street Address of Organization

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for CPR Training Request:

- Need updated certifications
- Need new employees to be certified
- 

How many employees will be trained? \_\_\_\_\_

Is there a preferred time of day or day of week? \_\_\_\_\_

Please email completed form to: [WLFAdmin@westlafayette.in.gov](mailto:WLFAdmin@westlafayette.in.gov)