

BARBADOS FIRE SERVICE

APPLICATION FOR FIRE SAFETY LECTURES AND DRILLS

Name of Applicant/Occupier _____

Business/Organisation Name _____

Address: 1(*) _____

Address: 2(*) _____

Parish(*) _____

Phone (W) * _____

Cellular _____

Fax (w) _____

Email _____

Type of Business/Organisation (*) _____

Type of Service (Lecture/Drill) _____

.....
Date

.....
Signature