



PFT Class Fitness Equipment

- 7 Wall Posters (Fundamental Movement Patterns & Key Features) – this will NOT be sent with package from vendor. IAFF will send directly to you.
- 3 Olympic Barbells w/ Safety Collars
- Bumper Plates
 - 3 pair/10lb
 - 3 pair/25lb
 - 3 pair/45lb
- 5 – 10 Wood Dowels 4-5ft long X 1¼-1½ inch diameter (Host site responsible to acquire – this will NOT be sent with package)
- 9 Kettlebells
 - 3 kettlebells/26lb
 - 3 kettlebells/35lb
 - 3 kettlebells/44lb
- 9 Rubber Hex Dumbbell Pairs
 - 3 pair/15lb
 - 3 pair/30lb
 - 3 pair/50lb
- 3 Black 10lb Med Balls
- Resistance Bands
 - 6 Mini-Red 1/2"
 - 6 Monster-Mini Blue 1/2"
 - 6 Light-Green 1 1/8"
 - 6 Average-Black 1 3/4"
- 3 Utility Benches
- 3 Squat Stands w/ Pull-up Bar and Wheel Kits
- 15 1/8" Exercise Mats 24" x 68"



IAFF Peer Fitness Trainer Course Request

Please complete this form to request the IAFF Peer Fitness Trainer Course. This form must be signed by the president of an IAFF affiliate. Email the completed form to pft@iaff.org.

Entity requesting the training			
Entity name:		IAFF Local #:	
Designate a point of contact to be responsible for all logistics and coordination with the IAFF.			
First Name:	Last Name:	Title:	
Phone:	Email:	Organization:	
Payment Information: What entity (ex: Local, Municipality) will pay for the training?			
Entity Name:			
Address Line 1:			
Address Line 2:			
City:	State/Province:	Zip Code:	
The IAFF Peer Fitness Trainer Course is 40 hours on five consecutive weekdays. Requested dates are not guaranteed. The following dates would work for us (leave at least three months lead time):			
Choose a training time:			
7:30am-4:30pm	8:00am-5:00pm	8:30am-5:30pm	Other:
The training will take place at the following address (if exact address has not been determined, write the city and state/province):			
Location Name:			
Address Line 1:			
Address Line 2:			
City:	State/Province:	Zip Code:	
To whom should equipment/materials be shipped prior to the training?			
Name:			
Address Line 1:			
Address Line 2:			
City:	State/Province:	Zip Code:	

IAFF Affiliate President Name (please print): _____

Signature: _____

Date: _____

IAFF Health & Safety Department
c/o Jason Atkin
1750 New York Avenue, NW
Washington, DC 20006
202-737-8484
jatkin@iaff.org

To Whom It May Concern:

This is a letter of intent to request that IAFF Local ##### and the _____ Fire Department be considered as an IAFF host site for the IAFF/IAFC/ACE Peer Fitness Trainer (PFT) class. We have read the online [PFT Candidate Information Guide](#), and we do meet the 'Host Site Requirements' outlined in the document. We understand the IAFF policy states the \$25,000USD fee for 25 students (\$1,000USD/ea) must be provided in advance to secure the class dates, but we are asking that the 'up-front' payment-in-full policy be waived. Instead, we intend to fill ## spots with Local ##### members and have included our \$##,### payment check with this letter (**IF APPLICABLE, WE RECOMMEND ADDING INFORMATION HERE DETAILING THE REQUEST TO NOT PAY-IN-FULL AND/OR TO PAY FOR THE PFT CLASS IN MULTIPLE PAYMENTS, AND DEFINE WHEN**).

We are making this request to allow us to give adequate notice to those wishing to commit to attending this course and to allow us time to market the course to others and form a complete roster. We would use the extra time to contact other IAFF affiliates, as well as local and distant departments for participation. **(RECOMMEND ADDING INFORMATION HERE ABOUT WHAT SPECIFIC LOCALS HAVE ALREADY BEEN CONTACTED AND HOW MANY THEY ARE COMMITTING TO PUT IN THE CLASS)** This would also be necessary to allow those interested Locals/individuals time, if needed, to process approvals, make online registration/payment to the IAFF, as well as the recommended time of at least three months to receive pre-course study materials to prepare for the course. We fully understand that Local ##### will be responsible for any costs associated with unfilled roster spots, and that each spot is \$1,000USD. IAFF Local ##### will ensure this payment for any empty spot(s) is paid to the IAFF immediately upon completion of the PFT class.

Preferred dates for potential PFT class:

1. mm/dd/yy – mm/dd/yy
2. mm/dd/yy – mm/dd/yy
3. mm/dd/yy – mm/dd/yy
4. mm/dd/yy – mm/dd/yy

Thank you for the opportunity and consideration to be a host site for the Peer Fitness Trainer program. We would take great pride in being known as such and look forward to your response.

Name

(Signature)

President, IAFF Local #####

Address

City/State/Zip

Phone # / Email

Cc: IAFF ## District Vice President