

# Arkansas Fire Training Academy

A Division of Southern Arkansas University Tech



## Test Request Form for Class

Name of Class	
Date(s) of Class	
Location of Class	
<b>Test request forms must be received by AFTA one month prior to the first requested test date listed on this form to ensure adequate time to prepare proctors.</b>	
First Date Requested	Time Requested
Second Date Requested	Time Requested
Third Date Requested	Time Requested
<b>Please provide accurate contact information for follow up questions or instructions.</b>	
Name of Person Requesting Test	
Phone Number	Email Address
Please save and email your completed form to <a href="mailto:edaniell@sautech.edu">edaniell@sautech.edu</a> for all IFSAC tested classes or <a href="mailto:szakin@sautech.edu">szakin@sautech.edu</a> for First Aid Provider tested classes. If you need further assistance please call 870-574-1521.	