



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
 CASUAL PAYMENT CENTER MS 270
 3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
 PHONE: 877-471-2262 FAX: 208-433-6405

CPC TRAINING DETAIL FORM

The CPC provides a training opportunity for agency personnel. During the visit, time is spent in a training capacity which provides a glimpse of the CPC's operation.

First Name: _____ MI: _____ Last: _____
 _____ City and State of _____
 Home Unit / Agency: _____ Agency: _____
 FPPS log on: Yes No If yes; User ID: _____
 Contact Number: _____ Email Address: _____

My preference is to:

(If filling out electronically in Word, double click the grey box to mark it as checked. If PDF, click once)

- Observe 3 Day Training Assignment
- FPPS input 5 Day Training Assignment

If FPPS input access is requested, and you do not already have a log in ID, your SSN will be required to obtain a User ID. Please contact the Center Manager at 877-471-2262 to provide your SSN.

Date Preference:

From: _____ To: _____

Comments:

Note: Due to staffing and accommodations, one person at a time will be scheduled for each training assignment.

Dates of Assignment: _____
 Approved By: _____
 Assignment Length: _____ 3 Day _____ 5 Day