

To : Community Training Unit, Fire Services Department

Tel. No. : 2411 8716  
Fax No. : 2411 8677

**Application for Fire Safety Talk / Evacuation Drill**  
**Emergency Preparedness Education Bus / Fire Safety Education Bus**  
(For EPEB/FSEB, bookings have to be made at least 2 weeks prior to the date of event)

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**Part I : To be completed by the Applicant**

Type of Event :  Fire Safety Talk  Evacuation Drill  
(please add X as appropriate)  Emergency Preparedness Education Bus  Fire Safety Education Bus

Name of Company / Org. : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

Address of Event : \_\_\_\_\_

Responsible Person : \_\_\_\_\_ No. of Participants : \_\_\_\_\_

Contact phone No. (Office) : \_\_\_\_\_ Fax : \_\_\_\_\_ (Mobile) : \_\_\_\_\_

Event Date : (1<sup>st</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> Choice) \_\_\_\_\_

Time : (1<sup>st</sup> Choice) \_\_\_\_\_ : \_\_\_\_\_ (2<sup>nd</sup> Choice) \_\_\_\_\_ : \_\_\_\_\_

Remarks : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Responsible Person : \_\_\_\_\_ Company's chop(if any) : \_\_\_\_\_

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**Part II : For FSD use only**

From : ADO(CT) \_\_\_\_\_ To : Station Commander \_\_\_\_\_

The captioned application is forwarded for your necessary action please. Contact Number: \_\_\_\_\_

PFn(CT) : \_\_\_\_\_

Date : \_\_\_\_\_

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**Part III : For FSD use only**

From : Station Commander \_\_\_\_\_ To : \_\_\_\_\_

We acknowledge receipt of your application dated \_\_\_\_\_. The matter is now receiving attention, and reply will be sent to you as soon as possible.

For further enquires, please contact Duty Officer of \_\_\_\_\_ Fire Station at \_\_\_\_\_

Station Commander : \_\_\_\_\_

Date : \_\_\_\_\_

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