



REQUEST FOR FIRE TRAINING APPROVAL UNDER 326 IAC 4-1 – STATIONARY FACILITY

State Form 55543 (R2 / 1-22)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY – COMPLIANCE & ENFORCEMENT
100 N. Senate Avenue
MC 61-50, Room 1003
Indianapolis, IN 46204-2251
Telephone (317) 233-5672
E-mail: burnapprovals@idem.IN.gov
Website: www.in.gov/idem/openburning

NOTES:

- This form is used to request an approval to conduct live fire training at a stationary facility, in accordance with 326 IAC 4-1. Complete and return this form, along with the Identification of Potentially Affected Persons (State Form 49635) form, to the Office of Air Quality email address provided in the upper right-hand corner.
- In case of questions, call (317) 233-5672 or e-mail burnapprovals@idem.IN.gov.

FOR OFFICE USE ONLY

APPROVAL ID NUMBER	ASSIGNED TO

INSTRUCTIONS

► Part A requires contact information of the responsible party conducting the fire training. Part B requires information on the physical location of the stationary fire training facility and training information. If required, include a mitigation statement describing steps that will be taken to ensure the identified item(s)/area(s) are protected from adverse impacts from smoke and fire during trainings. Part C requires the duration of the open burning approval being requested. Part D requires information on the fuel type(s) and amount(s) to be used during each training evolution. Part E is a checklist of supporting documentation to be included with the approval request. Once completed, **sign and date** this form in Part F and submit it, along with the **signed** "Identification of Potentially Affected Persons"¹ (State Form 49635), at least sixty (60) days prior to the projected training start date to burnapprovals@idem.IN.gov.

PART A: RESPONSIBLE PARTY CONDUCTING FIRE TRAINING

Name:	Title:	E-mail Address:
Company Name:	Company Mailing Address:	Telephone Number:

PART B: STATIONARY FIRE TRAINING FACILITY LOCATION AND TRAINING INFORMATION

Site Name:	Site Physical Address/Location:
County:	Number of Students Per Training Event:
Number of Evolutions Conducted Per Training Day:	Number of Training Days Per Year:
The training facility is located within (*mitigation statement required): <ul style="list-style-type: none"> • An incorporated area <input type="checkbox"/> Yes <input type="checkbox"/> No • 100 feet of a structure <input type="checkbox"/> Yes* <input type="checkbox"/> No • 100 feet of a power line <input type="checkbox"/> Yes* <input type="checkbox"/> No • 300 feet of a fuel storage area or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No • 300 feet of a frequently traveled road <input type="checkbox"/> Yes* <input type="checkbox"/> No 	Mitigation Statement (if applicable):
Name(s) of other fire departments and/or organizations utilizing the training facility:	

PART C: BURN APPROVAL DURATION

Requested approval duration (years):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Nighttime training approval requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: An approval cannot be issued for more than one year if the fire training facility is located in Lake, Porter, Clark, or Floyd counties.	

¹ Identification of Potentially Affected Persons (State Form 49635) available online at www.in.gov/idem/forms/idem-agency-forms/#oag_compliance

PART D: FUEL USAGE INFORMATION

Provide information on fuel type(s) and amounts used per training evolution for each training structure and / or prop.

Live Fire Training Structure/Prop:	Fuel Type(s)	Fuel Use (Per Evolution)	Fuel Use (Per Year)
<input type="checkbox"/> Training Structure (i.e., tower)			
<input type="checkbox"/> Training Structure (i.e., container)			
<input type="checkbox"/> Training Prop:			
<input type="checkbox"/> Training Prop:			
<input type="checkbox"/> Training Prop:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

PART E: SUPPORTING DOCUMENTATION CHECKLIST

The following supporting documentation should be included as part of the burn approval request, as applicable:	Included:
<ul style="list-style-type: none"> Detailed burn plan (required to be submitted for approvals more than one (1) year in duration) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Training facility site map, with legend, identifying training structures/props, roads, right of ways, and smoke sensitive areas 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Identification of Potentially Affected Persons (State Form 49635) 	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART F: SIGNATURE

I hereby certify the information above and attached is accurate to the best of my knowledge.

Signature:	Title:	Company Name:
Printed Name:	E-mail Address:	Date: