



REQUEST FOR FIRE TRAINING APPROVAL UNDER 326 IAC 4-1 – ACQUIRED STRUCTURE

State Form 49634 (R6 / 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 using an acquired structure, 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 e-mail 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 acquired structure to be used for fire training, which may include parcel numbers, nearby intersections, or 911 address. 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 the training. Provide information on the type and condition of the acquired structure. Part C is a checklist of supporting documentation to be included with the approval request. Once completed, **sign and date** this form in Part D 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 burn 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: FIRE TRAINING LOCATION AND INFORMATION

Site Name:	Site Physical Address/Location:
County:	Projected Burn Date(s):
Purpose of Burn:	Number of Individuals to be Trained:
The training site 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 participating:	
Requested training prop(s):	
Justification for use of training prop(s):	

Structure type(s) to be burned:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment/Duplex	<input type="checkbox"/> Out Building	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Barn	<input type="checkbox"/> Garage	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other:
Structure condition:	<input type="checkbox"/> Standing	<input type="checkbox"/> Collapsed	<input type="checkbox"/> Demolished	<input type="checkbox"/> Other:

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

PART C: SUPPORTING DOCUMENTATION CHECKLIST

The following supporting documentation should be included as part of the burn approval request, as applicable:	Included:
• Burn site map, with legend, identifying training site, right of ways, and smoke sensitive areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Identification of Potentially Affected Persons (State Form 49635)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Notification of Demolition and Renovation Operations (State Form 44593) ² must be submitted at least 10 working days prior to the burn date	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Inspection report by an Indiana licensed asbestos inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART D: SIGNATURE

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

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

² Notification of Demolition and Renovation Operations (State Form 44593) available online at www.in.gov/idem/forms/idem-agency-forms/#oag