



# FEMA

U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA),  
National Preparedness Directorate (NPD), National Integration Center (NIC), Training and  
Exercise Integration Secretariat/Training Operations (TEI/TO)

## REGISTRATION FORM

Fields displayed in **bold\*** are required and must be completed. Please print characters in CAPITAL LETTERS only using BLACK ink.

### Part 1: Course Information

<b>Training Provider Abbrev*</b>	<input type="text"/>	<b>Are you a federal employee</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Course Name*</b>	<input type="text"/>			
<b>Course Catalog Number*</b>	<input type="text"/> - <input type="text"/>	<b>Start Date (First Choice)*</b> <small>(MM/DD/YYYY)</small>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Start Date (Second Choice)*</b> <small>(MM/DD/YYYY)</small>
<b>Start Time*</b> <small>Convert start and end time into military time.</small>	<input type="text"/>	<b>Contact Hours</b>		<input type="text"/> . <input type="text"/>
<b>City*</b>	<input type="text"/>			
<b>State*</b>	<input type="text"/>	<b>ZIP Code</b>	<input type="text"/>	
		<b>Training Method*</b>		
		<input type="checkbox"/> Resident	<input type="checkbox"/> Mobile	<input type="checkbox"/> Indirect
<b>Instructor Point of Contact</b>		<small>(For office use only)</small>		
<b>Last Name*</b>	<input type="text"/>			
<b>First Name*</b>	<input type="text"/>			

### Part 2: Student Information

<b>Last Name*</b>	<input type="text"/>				
<b>First Name*</b>	<input type="text"/>			<b>Middle Initial</b>	<input type="text"/>
<b>Agency*</b>	<input type="text"/>				
<b>Job Title*</b>	<input type="text"/>				
<b>Email Address*</b>	<input type="text"/>				
<b>Work Address Information:</b>					
<b>Work Address*</b>	<input type="text"/>				
<b>Work City*</b>	<input type="text"/>				
<b>Work State*</b>	<input type="text"/>	<b>Work ZIP Code*</b>	<input type="text"/>	<b>Work Phone Number*</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		<b>Home Phone Number*</b>			<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Level of Government*</b> <small>Bubble in ONE item that best describes your level of government.</small>					
<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> Federal (DHS)	<input type="checkbox"/> Federal (Non-DHS)	<input type="checkbox"/> Not Applicable	
<b>Student Discipline*</b> <small>Bubble in ONE item that best describes your discipline.</small>					
<input type="checkbox"/> Agricultural Safety (Pre and Post Harvest) (AGS)	<input type="checkbox"/> Governmental Administrative (GA)	<input type="checkbox"/> Public Health (PH)			
<input type="checkbox"/> Animal Emergency Services (AES)	<input type="checkbox"/> Hazardous Materials (HM)	<input type="checkbox"/> Public Safety Communications (PSC)			
<input type="checkbox"/> Citizen/Community Volunteer (CV)	<input type="checkbox"/> Healthcare (HC)	<input type="checkbox"/> Public Works (PW)			
<input type="checkbox"/> Emergency Management (EM)	<input type="checkbox"/> Information Technology (IT)	<input type="checkbox"/> Search and Rescue (SR)			
<input type="checkbox"/> Emergency Medical Services (EMS)	<input type="checkbox"/> Law Enforcement (LE)	<input type="checkbox"/> Transportation Security (air, Water, Ground, Port) (TS)			
<input type="checkbox"/> Fire Service (FS)	<input type="checkbox"/> Private Sector/Corporate Security and Safety Professionals (PSP)	<input type="checkbox"/> Other (OTH)			

**Confidentiality of Information:** Your responses and all personal information will remain confidential. Any reporting of data will be done anonymously in an aggregated fashion, without names or identifiers  
**Public Reporting Burden:** Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Forms are created and instructions provided so that they are accurate and can be easily understood while imposing the least possible burden on you to provide the requested information. The estimated average time to complete and file this application is 15 minutes per form. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please send to U.S.DHS / FEMA Room 210b, North Tower, Tech World Bldg., 500 C Street, SW, Washington, D.C. 20472

**Part 3: Required Signatures**

**Once both signatures in this block are signed, forward application to your state training point of contact for approval. If you have any questions, please call the toll free registration line at 1-877-963-2867.**

**Applicant's Name (Print)** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Act Statement**

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.

**To be approved by State Administrative Agent (SAA) and/or State Training Coordinator (STC)**

**SAA/STC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please forward approved registration form to Counter Terrorism Operations Support by email: [ctosreg@nv.doe.gov](mailto:ctosreg@nv.doe.gov) fax: 702-295-7815 or 702-537-2639