



**VERMONT DIVISION OF EMERGENCY MANAGEMENT  
AND HOMELAND SECURITY**

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demhs.vermont.gov



**DEMHS GENERAL COURSE APPLICATION**

|                                |        |            |
|--------------------------------|--------|------------|
| FIRST NAME:                    | M.I.:  | LAST NAME: |
| MAILING ADDRESS:               |        |            |
| CITY:                          | STATE: | ZIP:       |
| CONTACT TELEPHONE #:           |        |            |
| EMAIL ADDRESS FOR CERTIFICATE: |        |            |

**AGENCY INFORMATION**

|  |
|--|
| DEPARTMENT/AGENCY:                                       |
| DISCIPLINE (i.e. FIRE, POLICE, EMS, PUBLIC WORKS, ETC.): |
| JOB FUNCTION (i.e. CHIEF, SUPERVISOR, NURSE, EMT, ETC.): |

**COURSE INFORMATION**

|                                     |                |
|-------------------------------------|----------------|
| COURSE TITLE:                       | COURSE NUMBER: |
| COURSE DATE(S):                     |                |
| COURSE LOCATION:                    |                |
| PREREQUISTE DOCUMENTATION ATTACHED: |                |

**PLEASE PRINT CLEARLY**

Please complete the form and email to: Homeland Security Training Coordinator at  
[DPS.EMHSTraining@vermont.gov](mailto:DPS.EMHSTraining@vermont.gov)