



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

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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.