



COURSE REGISTRATION & JUSTIFICATION **TRAINING REQUEST FORM**

Division of Emergency Management & Homeland Security
45 State Drive, Waterbury, VT 05671-1300
Phone: 800-347-0488; Fax: 802-241-5615

To: Vermont Homeland Security Training Coordinator Point of Contact

RE: Course Registration and Justification Training Request Form

Date: _____

Student (First, M.I. Last Name):

Mailing Address:

Contact Telephone #:

Email Address (for certificate):

Department / Agency:

Discipline:

Job Function:

Training Course: _____

Date/Location: _____

Prerequisite Documentation Attached:



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Please provide justification for attending training course listed above by answering the following questions:

1. List the specific trainings or similar trainings completed within the last 36 months.
2. How will this training improve the capabilities within the attendees' department and State of Vermont?
3. How is this training relate to their regular day to day functions within the organization?
4. Provide specific experiences, the attendee will bring related to the above course.

Please attach a typed separate page for the review committee!

The person listed above is a member of my organization in good standing and is requesting attendance at a training sponsored by Department of Public Safety - Division of Emergency Management and Homeland Security.

Sincerely,

Supervisor Name _____

Supervisor Signature: _____

Title: _____

PLEASE PRINT CLEARLY

Please complete the form and return via email to: Homeland Security Training Coordinator
(DPS.EMHSTraining@vermont.gov).