



NIMS ICS ALL- HAZARDS POSITION **SPECIFIC TRAINING REQUEST**

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: NIMS ICS All-Hazards Position Specific Training Request

Date: _____

The person listed below is a member of my organization in good standing and is requesting attendance at U.S. Department of Homeland Security approved training.

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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Phone: 800-347-0488; Fax: 802-241-5615

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).**