



WASHINGTON STATE
EMERGENCY MANAGEMENT DIVISION
TRAINING APPLICATION

Washington Military Department
Emergency Management Division
Camp Murray, Washington 98430-5122

For additional information, please contact Washington State
EMD Training at (253) 512-7060, fax (253) 512-7206, email:
r.dildine-gwin@emd.wa.gov

| | | | |
|---|----------------|--|-------------|
| Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | Position/Title: | |
| Organization Name: | | Work Phone: | |
| Organization Address: | | Work Fax: | |
| City: | State: | Zip: | Work Email: |
| Social Security Number: <small>(Voluntary: used in training reporting system)</small> | | | |
| Describe your position as it relates to the training for which you are applying and how you meet the requirements of the target audience. | | | |
| Course Name: | Course Number: | Course Date: | |
| Courses taken to meet prerequisite, including dates and locations: | | | |
| I plan to commute each day: | | Yes | No |
| Do you have any disabilities which require special consideration? If yes, please explain: | | Yes | No |
| Signature of Participant: | | Signature of Local Emergency Management Director/Designee: | |
| Date: | | Date: | |

For Official Use Only

Approved: Waiting List: Prerequisite Met: Withdraw: No Show:

Revision Date 02/14/07