

Course Request Form



DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

Submit via email
Fax # (505) 476-9695

REQUEST FOR CLASS MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE REQUESTED CLASS DATE

CLASS CODE /CLASS TITLE:

CLASS DATE (s):

Please Print or Type

Name of Requestor:
Agency/Organization:

Date of Request:

Mailing Address:

Phone:

Fax:

E-mail:

Agency Head:

Signature: _____

Address of Training Site:

Estimated # of Participants:

Intended Audience:

Requested Instructor(s):

Requestor Agreement

I have received, understand and will comply with the DHSEM's training policy and procedures and am requesting the above training

Name:

Signature: _____

Please Print or Type

Local Emergency Management Endorsement

Local Emergency Management:

Date:

Name:

Signature: _____

Please Print or Type

DHSEM APPROVAL

Date:

Funding Source:

Name: _____, State Training Officer

Signature: _____