APPLICATION FOR TRAINING COURSE

NORTH DAKOTA DEPARTMENT OF EMERGENCY SERVICES

SFN 50421 (09-05)

For application to State courses only

1. Last Name, First Name, MI		2. Last Four Digits of your Social Security Number 000-00-	
3. Organization Being Represented			
4. Current Position in Organization Being Represented (Job Title)		5. Number of Years in Position	
6. Work Mailing Address			
7. City or Town	8. County	9. State	10. Zip Code
11. Work Telephone Number	12. Cell Number	13. Home Telephone Number	14. Fax Number
15. Email Address			
16. Name of Course (one course per application)			
17. Course Location (city)		18. Course Starting Date	
19. Signature of Applicant		Date	
20. Approval/acknowledgement by head of sponsoring organization:			
20a. Signature		**Date**	
20b. Title			
21. North Dakota Department of Emergency Services/Acknowledgement/Approval		Date	

Any person who requires an auxiliary aid or service must notify the Training Coordinator of the Department of Emergency Services. The notification may accompany this application or may be by **telephone (701) 328-8100**, or **Fax (701) 328-8181** at least 10 days before the training event.

To enroll in North Dakota Department of Emergency Services courses, submit this form to your local emergency manager.

The Department of Emergency Services will provide this form in an alternate format upon request.

Print Form | Submit by Email