APPLICATION FOR TRAINING COURSE

NORTH DAKOTA DEPARTMENT OF EMERGENCY SERVICES

SFN 50421 (01-08)

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 MM/DD/YY
19. Signature of Applicant ***Typing a name in this field serves as a signature.***			Date MM/DD/YY
20. Approval/acknowledgement by head of sponsoring organization:			
20a. Signature ***Typing a name in this field serves as a signature.***			**Date** MM/DD/YY
20b. Title			
21. North Dakota Department of Emergency Services Ackowledgement/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.

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

Print Form | Submit by Email