

U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), National Preparedness Directorate (NPD), National Integration Center (NIC), Training and Exercise Integration Secretariat/Training Operations (TEI/TO)

REGISTRATION FORM

Fields displayed in **bold*** are required and must be completed. Please print characters in CAPITAL LETTERS only using BLACK ink.

Part 1: Course Information

Training Provider Abbrev*			Are you a fede Are you a US			No
Course Name*			-			
Course Catalog Number*		Start Date (First Choice)* /	/	Start Date (Second Choice)	* /	/
Start Time / End Time* Convert start and end time into military time.	-			Contact Hours	· .	
City*						
State*	ZIP Code		Training Metho	od*		
			Resident	Mobile Indire	ect	
Instructor Point of Contact	(For office	use only)				
Last Name*						
First Name*						

Part 2: Student Information	on				
FEMA SID*					
Last Name*					
First Name*					Middle Initial
Agency*					
Job Title*					
Email Address*					
Work Address Information:					
Work Address*					
Work City*					
Work State*	Work ZIP Code*	Work Phone Numbe	er* -	-	
		Home Phone Numb	er* -	-	

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Level of Government*						
Bubble in ONE item that best describes your level of	f governn	nent.				
○ Local ○ State ○ Federal	(DHS)	○ Federal (Non-DHS)	() Tr	ribal 🔿 Non-Applicable (NA)		
Student Discipline*						
Bubble in ONE item that best describes your discipli	ne.					
Agricultural Safety (Pre & Post Harvest) (AGS)	⊖ Gov	vernmental Administrative ((GA)	Public Health (PH)		
Animal Emergency Services (AES)				Public Safety Communications (PSC)		
Citizen Community Volunteer (CV)	○ Healthcare (HC)			O Public Works (PW)		
C Emergency Management (EM)	Information Technology (IT)			Search and Rescue (SR)		
C Emergency Medical Services (EMS)	○ Law Enforcement (LE)			Transportation Security		
○ Fire Service (FS)	 Private Sector/Corporate Security and Safety Professional (PSP) 		(Air, Water, Ground, Port) (TS)Other (OTH)			
Part 3: Required Signatures						
Once both signatures in this block are signed If you have any questions, please call the te Applicant's Name (Print)	oll free i	registration line at 1-877	7-963-2			
Applicant's Signature:				Date://		
Applicant's Supervisor Signature:				Date://		
Privacy Act Statement The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.						
To be approved by State Administrative Agent (SAA) and/or State Training Coordinator (STC)						
SAA/STC Signature:				Date: / /		
Please forward approved registration form to Counter Terrorism Operations Support by email: ctosreg@nv.doe.gov fax: 702-295-7815 or 702-537-2639						
Confidentiality of Information: Your responses and all personal information will remain confidential. Any reporting of data will be done anonymously in an aggregated fashion, without names or identifiers						
Public Reporting Burden: Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Forms are created and instructions provided so that they are accurate and can be easily understood while imposing the least possible burden on you to provide the requested information. The estimated average time to complete and file this application is 15 minutes per form. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please send to U.S.DHS / FEMA Room 210b, North Tower, Tech World Bldg., 500 C Street, SW, Washington, D.C. 20472						
Media Release: I give CTOS - Center for Rad/Nuc Training at the Nevada National Security Site the right to use my name, my still photo or video image, or my words (audio or text-based) in any media, for purposes of evaluation, training, research, promotion, marketing, recruiting, fund raising, exhibits or any other lawful purpose. I waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release is for worldwide use.						
Release of Information: I authorize the release of my training records to the company/organization as listed on this information form for the purpose of verifying my attendance and performance.						