



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:
d.cleman@emd.wa.gov

Name: Mr. Mrs. Ms.	Position/Title:
Organization Name:	Work Phone:
Organization Address:	Work Fax:
City: State: Zip:	Work Email:

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 prerequisites, including dates and locations (if required) :

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:
-----------	---------------	-------------------	-----------	----------