(FOR CDP USE ONLY)

Center For Domestic Preparedness

Training Course Application

(Please Print Legibly and Accurately)

You will select your dates by week number and your class (s) by selecting a Program Letter. Please designate your three choices by listing the desired week of training and program letter found on the training calendar:

	Choice #1	Choice #2	Choice #3
Week #			
Program			

Legal Name: _____ **Male** ☐
(First) (MI) (Last) **Female** ☐

Social Security Number: _____ **Date of Birth:** _____ _____ _____
(For Student Record Use Only) **(month) (day) (year)**

Mailing Address:

_____
(Street address)

_____
(City, State, Zip)

_____
(Home telephone or cell number)

_____
(Fax number)

Organization/Work Address:

_____
(Organization Name)

_____
(Street Address)

_____
(City, State, Zip)

_____
(Work Phone Number and ext)

Email _____

Profession: _____ **Position/Title:** _____

Airport of Departure: _____ **Or if driving, Check Here** ☐

HOT and ITC Courses will require the submission of a pre-requisite certificate.

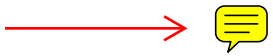
Any questions should be referred to your Regional Training Coordinator:
East Region 866-213-9546
Central Region 866-213-9547
West Region 866-213-9548
Help Line- 866-213-9553

Area of Jurisdiction City ☐ Township ☐
County ☐ Metro ☐ District ☐ State ☐
Federal ☐ National ☐ Port ☐
Tribal Territory ☐
Other (Please specify) _____

Discipline: Fire Suppression ☐ EMS ☐ Emergency Mgmt ☐ HAZMAT ☐
Law Enforcement ☐ Public Works ☐ Governmental Administrative ☐
Public Health ☐ Health Care (Non EMS) ☐ Public Safety Communications ☐

Other (Please specify) _____

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.



Click to Email Application