

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
Training Registration Form

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to FEMA training. AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq.; 6 U.S.C. Section 763a; Title 44 U.S.C., Section 3101; Executive Orders 12127 and 12148; Title VII of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973; Section 1204 (c) of the Implementing Recommendations of the 9/11 Commission Act of 2007. Public Law 110-53, 121 Stat. 266 (codified at 6 U.S.C. §1102). PURPOSE - To determine eligibility for participation in FEMA training. Demographic data is used for statistical purposes only. USES - FEMA may release information to: FEMA training agency staff and partners to analyze application and enrollment patterns; a physician providing medical assistance to students during training; Board of Visitors members to evaluate programmatic statistics; State, local, tribal agencies to provide FEMA training statistics; Members of Congress; and FEMA training program contractors. EFFECTS OF NONDISCLOSURE - Though voluntary, failure to provide personal information on this form may delay application processing and course completion certification.

IMPORTANT: The form should be completed in **CAPITAL LETTERS** using a **BLACK** or **DARK BLUE** pen. If you use a pencil, please apply enough pressure to ensure dark markings. Characters and marks used should be similar to the following:

Examples:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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 Yes

SECTION 1 - GENERAL INFORMATION

1. Are you a U.S. Citizen? Yes No Permanent Resident

If No, City of Birth:

Country of Birth:

2. Name as shown on valid ID (Last, First, MI, Suffix):

First Name:

Middle Initial:

Last Name:

Suffix:

3. FEMA SID

Your 10-digit Student ID

4. Date of Birth:



(mm/dd/yyyy)

5. Work Phone:

6a. Training Component (CDP, EMI, NFA, NTED) or Provider ID:

6b. Course Catalog Number, Code, Title or Program:

6c. Training Delivery Type: Resident Non-Resident (Mobile) Indirect Distance Learning Conference or Symposium

6d. Training Dates:
(mm/dd/yyyy)

Start Date:

End Date:

6e. Training Location (City, ST or NA for Distance Learning):

7. E-mail Address:

Example: JOHN_DOE@AOL.COM

Use **CAPITAL LETTERS** and one character per block

TRAINING REGISTRATION FORM

SECTION 2 - EMPLOYMENT/POSITION INFORMATION

8a. Organization Name:

8b. Organization Street
Address:

8c. Org City:

8d. Org State:

8e. Org Zip

9a. Years in Current Position:

9b. Current Position:

10. Jurisdiction

- | | | | | |
|------------------------------------|---|--|--|---|
| <input type="radio"/> Federal DHS | <input type="radio"/> Federal (Non-DHS) | <input type="radio"/> Local Government | <input type="radio"/> Private Sector | <input type="radio"/> Statewide/Territorial |
| <input type="radio"/> Federal FEMA | <input type="radio"/> International | <input type="radio"/> Military | <input type="radio"/> Special District | <input type="radio"/> Tribal Nation |

11. Discipline

- | | | | |
|---|---|---|---|
| <input type="radio"/> Agriculture | <input type="radio"/> Fire Service | <input type="radio"/> Law Enforcement | <input type="radio"/> Security and Safety |
| <input type="radio"/> Citizen/Community Volunteer | <input type="radio"/> Government Administrative | <input type="radio"/> Public Health | <input type="radio"/> Transportation |
| <input type="radio"/> Education | <input type="radio"/> Hazardous Materials | <input type="radio"/> Public Safety Communication | <input type="radio"/> Other (specify below) |
| <input type="radio"/> Emergency Management | <input type="radio"/> Healthcare | <input type="radio"/> Public Works | |
| <input type="radio"/> Emergency Medical Services | <input type="radio"/> Information Technology | <input type="radio"/> Search and Rescue | |

Other Discipline

SECTION 3 - CERTIFICATION

12. Applicant Certification

I Certify that the information recorded on this application is correct. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer, or designee, of my organization. Further I understand that this information is available to all FEMA Training Facilities and their Training Partners. I agree to abide by the rules, policies, and regulations of the FEMA training agencies and their training partners. Failure to do so will result in denial of the student stipend (if applicable), expulsion from the course, and possible barring from future courses.

Signature of Applicant

Date

SECTION 4 - AGENCY SPECIFIC

EQUAL OPPORTUNITY STATEMENT

FEMA is an equal opportunity agency. We do not discriminate on the basis of race, color, religious belief, national origin, gender, age, or disability in admissions or student-related procedures.



CTOS SUPPLEMENTAL TRAINING REGISTRATION FORM

CTOS Supplemental Training Registration Form must be completed

SECTION 1 - GENERAL INFORMATION

Applicant FEMA SID:

LAST NAME:

FIRST NAME:

Course Catalog Number, Code, Title or Program:

TRAINING DATES: (This info is taken from Section 6d - Page 1:)

Course Catalog Number:

Start Time (1st Course):

End Time (1st Course):

Complete this section (If Applicable):

Course Catalog Number:

Start Date (2nd Course):

End Date (2nd Course):

Start Time (2nd Course):

End Time (2nd Course):

Course Catalog Number:

Start Date (3rd Course):

End Date (3rd Course):

Start Time (3rd Course):

End Time (3rd Course):

(NOTE: Supervisor Signature **NOT** required for Mobile Training)

Applicant's Supervisor Printed Name

Phone Number

Applicant's Supervisor Signature

Date

SECTION 2 - REQUIRED SIGNATURES

THIS SECTION APPLIES TO RESIDENT COURSES ONLY:

STUDENT MUST FORWARD APPROVED REGISTRATION FORM TO SAA/STC FOR APPROVAL SIGNATURE. Click [HERE](#) for SAA/STC Contact List

SAA/STC Name - (Printed/Typed)

Date

SAA/STC Signature

Date

SAA/STC please forward the APPROVED Training Registration Form to Counter Terrorism Operations Support (CTOS)

email: ctosreg@nv.doe.gov

Phone: 877-WMD-CTOS (877-963-3867)