



CTOS STUDENT REGISTRATION FORM

Fields displayed in **bold*** are required and must be completed. Please type characters in CAPITAL LETTERS only.

Part 1: Course Information - PRNDOS COURSE ONLY

Training Provider Abbrev* **Training Method**
 Resident Mobile Indirect

Are you a federal employee* Yes No **Are you a US citizen*** Yes No

Course Name* **Course Catalog Number***

Course Name* **Course Catalog Number***

Course Name* **Course Catalog Number***

Start Time / End Time* - **Start Date*** / / **End Date*** / /
(MM/DD/YYYY) (MM/DD/YYYY)

City* **State*** **ZIP Code***

Part 2: Student Information

FEMA SID* Click [HERE](#) TO RETRIEVE FEMA SID **Level of Government***

Last Name* **First Name*** **Middle Initial**

Job Title* **Email Address***

Agency*

Student Discipline*

Student Discipline - Other (OTH)

Work Information:

Work Address*

Work City* **Work State*** **ZIP Code***

Work Cell Number* **Preferred Number***



REGISTRATION FORM

Part 3: Required Signature - Digital (Electronic) signature preferred.

Click [HERE](#) for information on how to create and digitally sign this document.

Applicant Name - Printed/Typed

Applicant's Signature

Date

Applicant's Supervisor Signature

Date

Forward completed applications to SAA/STC for signature approval

Click [HERE](#) for SAA/STC Contact List

To be approved by State Administrative Agent (SAA) and/or State Training Coordinator (STC)

SAA/STC Name - Printed/Typed

SAA/STC Contact Email

SAA/STC Signature

Date Approved

**SAA/STC please forward approved registration form to Counter Terrorism Operations Support
email: ctosreg@nv.doe.gov or fax: 702-537-2639**

<http://www.ctosnnsa.org>

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

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.