



## 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 - RESIDENT COURSES ONLY

Training Provider Abbrev\*

Are you a federal employee\*  Yes  No

Are you a US citizen\*  Yes  No

**Citizenship disclaimer:**

Participation is currently limited to United States citizens unless a [special request form](#) is completed. Once the form is reviewed you will be notified via email on the status of your request.

Select a course from the drop down menu:

Courses\*

Resident Course descriptions may be found at [http://www.ctosnnsa.org/pages/courses/courses\\_resident.htm](http://www.ctosnnsa.org/pages/courses/courses_resident.htm)

Course Number

Contact Hours

Start Time / End Time\*  -

Start Date (1st Choice)\*  /  /   
(MM/DD/YYYY)

Start Date (2nd Choice)\*  /  /   
(MM/DD/YYYY)

### 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\*

Best Contact Number\*

#### Personal Information:

*(Home Address is required for mailing of travel cost reimbursement checks)*

Home Address\*

Home City\*

Home State\*

ZIP Code\*



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### Part 2: Student Information, Con't.

Please provide the below information ONLY if attending PER 354:

To ensure proper fit for PPE please provide:

Choose suit size based on Chart below:

Shoe Size:

Level C Hazmat Suit Size:

HEIGHT	6'8"								XXXL
	6'6"								
	6'4"								
	6'2"								XXL
	6'0"								XL
	5'10"								
	5'8"								
	5'6"								L
			170	190	210	230	250	270	290
WEIGHT									

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

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

Applicant's Signature

Date

Applicant's Supervisor Signature

Date

Forward completed applications to SAA/STC for approval signature

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	<input type="text"/>
SAA/STC Contact Email	<input type="text"/>
SAA/STC Signature	<input type="text"/>
Date Approved	<input type="text"/>

SAA/STC please forward approved registration form to Counter Terrorism Operations Support  
email: [ctosreg@nv.doe.gov](mailto:ctosreg@nv.doe.gov) or fax: 702-537-2639  
<http://www.ctosnsa.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.