



CTOS INDIRECT TRAINING REQUEST FORM

(please PRINT legibly and accurately)

Instructor Contact Information

Full Name:		Date:	
Agency (Police/EMS/Other):			
City:		State:	
Work Phone No.:		Cell Phone No.:	
E-Mail Address(es):		Fax No.:	

Requested Course Information

Course Requested (must complete/submit one form per course):

<input type="checkbox"/>	AWR-140-2	Introduction to Radiological/Nuclear WMD Operations
<input type="checkbox"/>	AWR-346-2	Introduction to Radiological/Nuclear WMD Operations for Law Enforcement (LE)
<input type="checkbox"/>	AWR-350-2	Introduction to Radiological/Nuclear WMD Operations for Emergency Medical Services (EMS) /Health Care
<input type="checkbox"/>	PER-243-2	Primary Screener/Personal Radiation Detector Course

Training Facility Address:			
City:		State:	
		Zip:	
Any prior CTOS training (Y/N):		If yes, when/what?:	
Estimated Training Date:		Expected Student Count:	

Course Material Shipping Information

Point of Contact (POC):			
Agency:			
Mailing Address: (no PO box please)			
City:		State:	
		Zip:	
		Bldg. or Room #:	
Instructor Material Required? Y/N (including CD and instructor book)		Cell Phone #:	

Required Approval Signatures

State Administrative Agency (SAA): (once SAA approved, please forward form to CTOS/Grace Aguirre-Sayno at CTOSINDIRECT@nv.doe.gov)

Approved _____
Print Name
Signature
Date

CTOS Management:

Approved _____
Print Name
Signature
Date