



California Specialized Training Institute

Training Branch of the California Emergency Management Agency

Camp San Luis Obispo, CSTI/CalEMA, 10 Sonoma Ave., San Luis Obispo, CA 93405-7605

CRIMINAL JUSTICE
(805) 549-3190 FAX: (805) 543-0554

EMERGENCY MANAGEMENT
(805) 549-3536 FAX: (805) 549-3348

HAZARDOUS MATERIALS
(805) 549-3344 FAX: (805) 549-3555

STUDENT INFORMATION

Confirmation Send To: Home Work Organization

Student ID # POST ID
Peace Officers only

First Name:

Last Name:

Title:

Agency:

WORK -

Street Address:

City:

State: Zip Code:

Phone: Ext:

Cell Phone:

Fax:

Email:

HOME -

Street Address:

City:

State: Zip Code:

Phone:

Cell Phone:

Email:

EMERGENCY NOTIFICATION

Name:

Relationship:

Address:

State: Zip Code:

Phone Number:

SPECIAL CONSIDERATION

PLEASE NOTE BELOW IF YOU HAVE A DISABILITY WHICH SHOULD BE CONSIDERED FOR SEATING ASSIGNMENT OR SPECIAL DIETARY NEEDS.

APPLICANT'S SIGNATURE AND DATE BELOW

MM/DD/YYYY:

APPLICATION FOR ENROLLMENT

CLASS INFORMATION

Course Title:

Class Date: 1st Choice 2nd Choice

Class Number:

Prerequisite:

EXPERIENCE

DESCRIBE APPLICANT'S PROFESSIONAL EXPERIENCE, YEARS OF EXPERIENCE AND CURRENT POSITION. THIS INFORMATION IS VITAL FOR PROPER ROLE-PLAYING ASSIGNMENT IN EMERGENCY MANAGEMENT COURSES.

ENTER A NUMBER FROM THE LIST BELOW THAT BEST DESCRIBES

YOUR PROFESSION:

- | | | |
|----------------------|-----------------------------------|------------------------|
| 1) Police | 11) Public Information Officer | 21) Schools |
| 2) Sheriff | 12) Public works | 22) Community Svcs |
| 3) Fire | 13) Parks and Recreation | 23) Other |
| 4) Highway Patrol | 14) Legal | 24) University (other) |
| 5) Military | 15) University | 25) City (others) |
| 6) University Police | 16) Health, City/Co/State | 26) County (others) |
| 7) City/County Admin | 17) Medical, Hosp/Dr/RN | 27) State (others) |
| 8) Finance | 18) Private Industry | 28) Transportation |
| 9) Planning | 19) Emerg Svcs, City/County/State | 29) Federal Agencies |
| 10) CDF/County Fire | 20) Volunteer Agencies | 30) Airport |

TRAINING OFFICER OR SUPERVISOR INFORMATION

(Print/Type) Applicant's Supervisor/Training Officer

Title of Supervisor

Phone Number Of Supervisor:

E-Mail Of Supervisor:

APPLICANT'S SUPERVISOR/TRAINING OFFICER
(SIGNATURE AND DATE BELOW)

MM/DD/YYYY:

FOR TRAINING BRANCH AND LEPC REGION USE ONLY

Region: I II III IV V VI

EMPG Tuition Per Diem

HMEP Tuition Per Diem