

# Kentucky Division of Emergency Management

## Request to Host Training



### Organization Requesting Course

Agency	<input style="width: 90%;" type="text"/>	KYEM Area	<input style="width: 90%;" type="text"/>
Street	<input style="width: 100%;" type="text"/>		
City	<input style="width: 25%;" type="text"/>	State	<input style="width: 10%;" type="text"/>
		Zip	<input style="width: 20%;" type="text"/>

### Name of Agency Point of Contact

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
Title	<input style="width: 100%;" type="text"/>		
Email	<input style="width: 30%;" type="text"/>	Phone	<input style="width: 40%;" type="text"/>

### Course Information

Course Title	<input style="width: 100%;" type="text"/>		
Requested Instructor/s (if any)	<input style="width: 100%;" type="text"/>		
Class Location Street	<input style="width: 100%;" type="text"/>		
Class City	<input style="width: 20%;" type="text"/>	State	<input style="width: 10%;" type="text"/>
		Zip	<input style="width: 15%;" type="text"/>
Class Start Time	<input style="width: 15%;" type="text"/>	Class End Time	<input style="width: 15%;" type="text"/>
		Class County	<input style="width: 15%;" type="text"/>
Requested Date/s	<input style="width: 40%;" type="text"/>		Class to be taught in a
Assistance needed	<input style="width: 100%;" type="text"/>		
Pre-Requisites	<input style="width: 100%;" type="text"/>		
Comments	<input style="width: 100%; height: 40px;" type="text"/>		

### Signature - Chief Officer of Course Sponsor

I have reviewed and support this application for training

	Date: <input style="width: 80%;" type="text"/>
Local EM Director's Signature	

	Date: <input style="width: 80%;" type="text"/>
Area's Manager's Signature	

### KYEM Office

Course Endorsement	<input style="width: 50%;" type="checkbox"/>	Assigned to _____
Course Funding	<input style="width: 50%;" type="checkbox"/>	Account String _____

Denied  Show Reasons on Back of Form

Denied

	Date: <input style="width: 80%;" type="text"/>
Training Section Supervisor	

	Date: <input style="width: 80%;" type="text"/>
Operation Branch Manager	

*If funding is being provided, submit a copy of this document to the travel office if travel reimbursement is approved.*

Please print and have the Local Emergency Management Director sign this form before forwarding to the appropriate KYEM area office.