

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: 85%;" 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: 100%;" type="checkbox"/>	Assigned to	<input style="width: 95%;" type="text"/>
Course Funding	<input style="width: 100%;" type="checkbox"/>	Account String	<input style="width: 95%;" type="text"/>

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.