KIM EDD CARTER
DIRECTOR

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OFFICE OF HOMELAND SECURITY
2017 Regional Response System Hazmat Training Request

Agency: _____
Unit Type: _____
Point of Contact: _____
Secondary Point of Contact: _____

Type of Training Requested

Select the type of training being requested for your agency and include the number of personnel who require the training.

	Hazardous Materials Operations Initial Course		# of Personnel Who Require Training
	Hazardous Materials Technician Initial Course		# of Personnel Who Require Training
	Hazardous Materials Operations Refresher		# of Personnel Who Require Training
	Hazardous Materials Technician Refresher		# of Personnel Who Require Training
	Hazardous Materials Decontamination Trailer		# of Personnel Who Require Training

Location of Training

Please provide the following information regarding the location of the training being requested.

Agency & POC:	
Address:	
City, State, Zip:	
Phone Number:	
Email:	

Refresher Training Dates Requested

Please specify the shift and provide three (3) sets of dates for each shift. If not requesting training on shift, simply put ALL in the shift column, and then provide three (3) sets of dates for the agency as a whole.

Course	Shift	Date Set #1	Date Set #2	Date Set #3
Course	**Shift**	**Date Set #1**	**Date Set #2**	**Date Set #3**

Initial Course Training Dates Requested

If personnel within your agency require an Initial Course, please provide the names of the course and dates requested below. If your agency desires to host an Initial Course, please specify Yes or No.

Initial Course Name	Dates	Host (Yes or No)

Pease complete this form in its entirety and email to April Walker at april.walker@okohs.ok.gov If you have any questions call (405) 425-7285.

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