KIM EDD CARTER
DIRECTOR

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OFFICE OF HOMELAND SECURITY

2017 Regional Response System Teams CAMEO Training Request

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

Type of Training Requested
Please select the type of training being requested for your agency and include the number of personnel who require the training.

	Initial Cameo Training (24 hours):		**# of Personnel Who Require Training**
	Refresher Training (8 hours):		**# 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:	
Email:	

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 #1	Date #2	Date #3

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