

TRAINING REQUEST FORM

***** A copy of the completed registration form/class flyer MUST accompany this application.**

Please check one: Category 1 (elective) Category 2 (limited cost coverage)
 Category 3 (mandatory) Seminar/Conference/Other

NAME/RANK: _____ **Date of Request:** _____

Type of Training: Fire EMS Wildfire Specialty Leadership/Mgmt

Class Title/Course Description: _____

Date(s) of Training: _____

Date of Early Bird Registration Deadline: _____

Location: _____ **COST OF COURSE:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Shift Dates Requiring Coverage: _____

Reason for Attending /
Qualifications to Attend: _____

Projected Costs filled out by Applicant

Course Tuition:	*LDFR / GSA per diem rate:	Mileage:
Hotel:	Airfare:	Rental Car:
TOTAL:		

Applicant has registered Applicant has paid by credit card Payment is needed

HCTC will receive invoice Early bird payment date:

**To find your per diem rate go to > www.gsa.gov or for LDFR member use current LDFR rate*

APPROVAL SIGNATURES:

Supervisor _____ Date _____
Additional Comments/Directions

Supervisor _____ Date _____
Additional Comments/Directions