

# 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:
<b>TOTAL:</b>		

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](http://www.gsa.gov) or for LDFR member use current LDFR rate*

## **APPROVAL SIGNATURES:**

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Additional Comments/Directions

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Additional Comments/Directions