



Request to conduct NIMS ICS All-Hazards Position Specific Training Class

Note: all agencies desiring to offer All-Hazards Position Specific classes in their jurisdiction will route requests to their respective EM State Training Officer via this completed form. No classes will be recognized for the purpose of receiving credit in the national database or receiving EMI Certificates of Completion unless this form is completed, transmitted to the STO, and then forwarded to EMI for administrative registration. Completed request forms should be transmitted to EMI via the STO at least 30 days prior to the start of the requested class.

Course to be delivered (**please use a separate form for each course**):

- | | |
|---|--|
| <input type="checkbox"/> L949 Comm. Unit Leader TtT | <input type="checkbox"/> L967 Logistics Section Chief |
| <input type="checkbox"/> L950 Incident Commander | <input type="checkbox"/> L969 Communications Unit Leader |
| <input type="checkbox"/> L952 Public Information Officer | <input type="checkbox"/> L970 Supply Unit Leader |
| <input type="checkbox"/> L954 Safety Officer | <input type="checkbox"/> L971 Facilities Unit Leader |
| <input type="checkbox"/> L956 Liaison Officer | <input type="checkbox"/> L973 Finance / Admin. Section Chief |
| <input type="checkbox"/> L958 Operations Section Chief | <input type="checkbox"/> L975 Finance / Admin. Unit Leader |
| <input type="checkbox"/> L960 Division & Group Supervisor | <input type="checkbox"/> L984 Task Force/Strike Team Leader |
| <input type="checkbox"/> L962 Planning Section Chief | <input type="checkbox"/> L986 Air Support Group Supervisor |
| <input type="checkbox"/> L964 Situation Unit Leader | <input type="checkbox"/> L987 Introduction to Air Operations |
| <input type="checkbox"/> L965 Resources Unit Leader | |

Request to Conduct All-Hazards Position Specific Class (continued)

Scheduled Class Dates: _____

Mailing address for delivery of Course Evaluation forms: _____

Street Address: _____

City, State, Zip: _____

Class Location (city and state): _____
(may be different from mailing address for delivery of Course Evaluation forms)

Local Point of Contact person for class & phone number: _____

Projected Number of Students: _____

Instructor (Lead): _____

Instructor (Support): _____

Questions or for further information: please contact
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