



Regional Requests Form

Requester Information:

Requesting Agency:
Jurisdiction: State County Local Tribal
Requester Name:
Requester Title:
Requester Email: Telephone:

Offering Requested:

- Course Exercise
Regional Workshop Equipment Demonstration
Radio Communications Training Position Task Book (PTB) Day
Other Unmanned Aerial Systems (UAS)

Additional Information:

Name of course requested:
Equipment demonstration requested:
Comments:

Location for Offering:

Proposed Location Address:
Address Line 2:
City: State: Zip Code:
List several proposed dates desired for requested offering:

Requester Signature: Date:

Submit Request form by E-mail to OIEC.Training@dhses.ny.gov.

For OIEC Use Only:

Received by: Date:
COMU Program
Manager Approval: Date:
Field Operations Radio
Engineer Manager Approval: Date:
Comments: