



Training Authorization Letter

The student listed below is an active member of the agency indicated below and is authorized to attend the course listed below.

I understand this training course may contain certain evolutions that simulate and/or create actual emergency conditions. DHSES-OIEC is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information				
Course Name				
Course Location				
Course Dates				
Agency Authorization				
Agency Name				
Agency Address				
Address 2				
City		State		Zip Code
Agency Phone				
Agency State		Agency County		
Authorized Representative <i>(PLEASE PRINT)</i>				
Authorized Signature				
Date				

The student listed below is authorized to attend the training indicated

Student Information				
Last Name		First Name		MI
Title				
Agency Address				
Address 2				
City		State		Zip Code
Primary Phone				
Work E-mail				
Personal E-mail				
Amateur License Type		Call Sign		
Student Signature				
Date				