



# Georgia Public Safety Training Center

## NIMS: ICS Field Training Request

### USE THIS FORM TO REQUEST OFF-CAMPUS TRAINING

Please Print or Type

#### AGENCY INFORMATION

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

#### TRAINING INFORMATION

Type of Training Requested

Stand-alone Class \_\_\_\_\_ Embedded in: \_\_\_\_\_  
Name of Class

Select Level of Training

NIMS: ICS 700	NIMS: ICS 100	NIMS: ICS 200
NIMS: ICS 300	NIMS: ICS 400	NIMS: ICS 402
NIMS Unified Command	Other: _____	Please specify

Course Location Requested \_\_\_\_\_

Estimated Enrollment \_\_\_\_\_ Beginning Date Requested \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you need GFA to supply the instructor(s)? Yes No

*By the signature below, I verify that all students have met or will have met all prerequisites for this class by the start date. It is acknowledged that all applicants for this program must supply proof to the course coordinator on the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program.*

Requested By \_\_\_\_\_

Requestor's Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Send to:  
Georgia NIMS Training  
Georgia Public Safety Training Center  
1000 Indian Springs Drive  
Forsyth, GA 31029  
(478) 993-4308 FAX (478) 993-4671