APPLICATION FOR TRAINING

State Form 53458 (R3 / 6-16)
INDIANA DEPARTMENT OF HOMELAND SECURITY

INSTRUCTIONS:
1. Please type or print all information.
2. To register for a course, you must have a Public Safety Identification number (PSID). If you do not have a PSID, you may request one at http://www.in.gov/dhs/3880.htm.
3. For course registration and lodging information contact training@dhs.in.gov.
4. For additional course information, visit the IDHS Training Calendar at https://myoracle.in.gov/hs/training/public/calendar.do.
5. Completed applications may be faxed to (317) 233-0497, e-mailed, or mailed to:
   Indiana Department of Homeland Security, IDHS Training, 302 W. Washington St. Room E239, Indianapolis, IN 46204.

FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY			
☐ Acadis	Date received *(month, day, year)*	Date entered *(month, day, year)*	Prerequisite(s) met? ☐ Yes ☐ No

Full legal name		Gender ☐ Male ☐ Female	Public safety identification number	Date of birth *(month, day, year)*

Name of canine	Public safety identification number of canine	FEMA / CDP student identification number

Home mailing address *(number and street, city, state, and ZIP code – no PO boxes)*	County

Work telephone number ( )	Mobile telephone number ( )	Fax number ( )	Other telephone number ( )

Primary e-mail address	Driver's license number	State

Organization represented *(fire department identification number (FDID), if applicable)*	Position in organization	Date of hire *(month, day, year)*

Discipline *(check all that apply)*

☐ Emergency Management Agency   ☐ Law Enforcement   ☐ Emergency Medical Service   ☐ Fire   ☐ Other: _____

Name of course *(one (1) course per application)*	Canine test category	Date of course *(month, day, year)*

Courses taken to meet prerequisite, including certificate issue date(s) and location

If you have any access or functional needs, please let us know how we can help.

Briefly describe your activities or responsibilities as they relate to this course.

I will need a hotel room: ☐ Yes   ☐ No

- ***Applicable if lodging is offered. More information on lodging will arrive with your enrollment confirmation letter.***
- If you live seventy-five (75) or more miles from the training site, you will receive lodging the night before class and, if it's a multi-day class, lodging during the class.
- If you live fifty (50) to seventy-four (74) miles from the training site, you will receive lodging during (not the night before the first day) the class IF it is a multi-day class.
- If you live less than fifty (50) miles from the training site you will not receive lodging.

I certify the information recorded on this application is correct. I understand falsification of information may result in dismissal from the course. I agree to abide by the rules, policies, and regulations of IDHS set forth in the IDHS Training Registration Guidelines (http://www.in.gov/dhs/files/ema_guide.pdf). Failure to do so may result in expulsion from the course and barring from future IDHS courses.

Signature of applicant	Date *(month, day, year)*
Signature of agency or department head	Date *(month, day, year)*
Title of agency or department head	