



ILLINOIS EMERGENCY MANAGEMENT AGENCY  
 TRAINING AND EDUCATION COURSES  
APPLICATION

PLEASE TYPE OR PRINT

Course Title:		Course Date:	
Course Location:		City:	Region:
Name of Student: <i>(please print)</i>		Employer:	
		Job Title:	
Student's Complete Mailing Address: <i>(specify work or home)</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Daytime Phone Number: (    )    -		Fax Phone Number (    )    -	
Student's Signature:		Date:	
Local Coordinator's Signature:		ESDA Unit:	Date:
Regional Coordinator's Signature:		Lodging Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
<u>Special Needs/Remarks:</u>			

**NOTE:**      If you are applying for one of the following courses, you are required to fill out the back side of this application:

**First Responder Awareness**  
**First Responder Awareness Refresher**  
**Hazardous Materials Technician "A"**  
**Hazardous Materials Technician "B"**  
**Hazardous Materials Specialist "C"**

**Chemistry of Hazardous Materials**  
**On Scene Incident Command**  
**Hazardous Materials Branch Officer**  
**Hazardous Materials T-T-T Courses**

**ADDITIONAL INFORMATION FOR THOSE APPLYING FOR HAZARDOUS MATERIALS COURSES  
OTHER THAN HAZARDOUS MATERIALS FIRST RESPONDER – AWARENESS:**

SPONSOR (Name):		
Address:		
City:	State:	Zip Code:
Daytime Phone Number: (     )     -		
Profession/Occupation:		
Brief Description of your present position:		
Previous Hazardous Materials Training courses Attended:		
Title	Date(s)	Location(s)
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University Education		