| According to the Paperwork Reduction Act of 1995, an ag information unless it displays a valid OMB control number required to complete this information collection is estimate existing data sources, gathering and maintaining the data | r. The valid OMB ed to average .25 | control num hours per re | ber foi | this informatio e, including the | n collection is 05 time for reviewin | 79-XXXX. The tig instructions, s | me | OMB Approved 0579-XXXX Exp.: XX/XXXX | | |
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| United States Department of Agriculture Marketing and Regulatory Programs Animal and Plant Health Inspection Service Veterinary Services | • NV | SL A | pp | licatio | on for La | aborate | ory T | raining | | |
| National Veterinary Services Laboratories 1800 Dayton Avenue | | | | | | Telenhone | Number: F | 15-337-7475/7501 | | |
| P.O. Box 844 | | | | | Telephone Number: 515-337-7475/7501 Fax Number: 515-337-7332 | | | | | |
| Ames, IA 50010 | no or Print | | | | | Email: NC | AH.trainin | g@aphis.usda.gov | | |
| 1. Name and Address of Applicant (<i>Please Ty</i> (Dr., Mr., Mrs., Ms.,) (Last) | peorFing | | | | (First) | | | (MI) | | |
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| Office Address: | | | | | | | | | | |
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| | | Chatai | | ZID Code | | Country | | | | |
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| Email Address: | | | | | | | | | | |
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| 2. Training Desired | | | | | | | | | | |
| Course Name: | | | | | Date (<i>If Known</i>): Cost: | | | ost: | | |
| | | | | | | | | | | |
| 3. Employer | | | | | | | | | | |
| Organization: | | | | | | | | | | |
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| Division/Unit: | | | | | | | | | | |
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| Local Address: | | | | | | | | | | |
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| City: | | | | | | State: | ZIP Co | ode: | | |
| | | | | | | | | | | |
| 4. Professional Status | | | | | | | | | | |
| Occupation: | Position Title: | | | | Speci | alty: | | | | |
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| Brief description of your previous experience or tra | l aining in conduc | ting the re | quest | ed test(s). | | | | | | |
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| 5. Signatures | | | | | | | | | | |
| 5. Signatures Applicant's Signature: | | | | | | | Date: | | | |
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| (If nomination is for EIA training, AVIC must sign here) - Authorizing Official's Signature: | | | | | | | Date: | | | |

Phone Number: