

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

FOR AGENCY USE ONLY.
BARCODES, ETC.

TRAINING REGISTRATION FORM

O.M.B. Control No. 1660-0100
Expiration: 08/31/23

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to FEMA training. AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq.; 6 U.S.C. Section 763a; Title 44 U.S.C., Section 3101; Executive Orders 12127 and 12148; Title VII of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973; Section 1204 (c) of the Implementing Recommendations of the 9/11 Commission Act of 2007. Public Law 110-53, 121 Stat. 266 (codified at 6 U.S.C. §1102). PURPOSE - To determine eligibility for participation in FEMA training. Demographic data is used for statistical purposes only. USES - FEMA may release information to: FEMA training agency staff and partners to analyze application and enrollment patterns; a physician providing medical assistance to students during training; Board of Visitors members to evaluate programmatic statistics; State, local, tribal agencies to provide FEMA training statistics; Members of Congress; and FEMA training program contractors. EFFECTS OF NONDISCLOSURE - Though voluntary, failure to provide personal information on this form may delay application processing and course completion certification.

IMPORTANT: The form should be completed in **CAPITAL LETTERS** using a **BLACK** or **DARK BLUE** pen. If you use a pencil, please apply enough pressure to ensure dark markings. Characters and marks used should be similar to the following:

Examples:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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 Yes

SECTION 1 - GENERAL INFORMATION

1. Are you a U.S. Citizen? Yes No Permanent Resident

If No, City of Birth:

Country of Birth:

2. Name as shown on valid ID (Last, First, MI, Suffix):

First Name:

Middle Initial:

Last Name:

Suffix:

3. FEMA SID

Your 10-digit Student ID

4. Date of Birth:

(mm/dd/yyyy)

5. Work Phone:

6a. Training Component (CDP, EMI, NFA, NTED) or Provider ID:

6b. Course Catalog Number, Code, Title or Program:

6c. Training Delivery Type: Resident Non-Resident (Mobile) Indirect Distance Learning Conference or Symposium

6d. Training Dates:
(mm/dd/yyyy)

Start Date:

End Date:

6e. Training Location (City, ST or NA for Distance Learning):

7. E-mail Address:

Example: JOHN_DOE@AOL.COM

Use **CAPITAL LETTERS** and one character per block

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SECTION 2 - EMPLOYMENT/POSITION INFORMATION

8a. Organization Name:

8b. Organization Street
Address:

8c. Org City:

8d. Org State:

8e. Org Zip

9a. Years in Current Position:

9b. Current Position:

10. Jurisdiction

- Federal DHS Federal (Non-DHS) Local Government Private Sector Statewide/Territorial
 Federal FEMA International Military Special District Tribal Nation

11. Discipline

- Agriculture Fire Service Law Enforcement Security and Safety
 Citizen/Community Volunteer Government Administrative Public Health Transportation
 Education Hazardous Materials Public Safety Communication Other (specify below)
 Emergency Management Healthcare Public Works
 Emergency Medical Services Information Technology Search and Rescue

Other Discipline

SECTION 3 - CERTIFICATION

12. Applicant Certification

I certify that the information recorded on this application is correct. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer, or designee, of my organization. Further I understand that this information is available to all FEMA Training Facilities and their Training Partners. I agree to abide by the rules, policies, and regulations of the FEMA training agencies and their training partners. Failure to do so will result in denial of the student stipend (if applicable), expulsion from the course, and possible barring from future courses.

Signature of Applicant

Date

SECTION 4 - AGENCY SPECIFIC

EQUAL OPPORTUNITY STATEMENT

FEMA is an equal opportunity agency. We do not discriminate on the basis of race, color religious belief, national origin, gender, age, or disability in admissions or student-related procedures.