



Emergency Services Communication Bureau – SHS 18 – Augusta, ME 04330

APPLICATION FOR IN-SERVICE TRAINING (REV. 9/16)

Fax Completed Form to 207-512-5950

AGENCY INFO:

SPECIAL ACCOMODATIONS?

- ETC* Date: _____
- EMD & PRO-QA Date: _____
- EMD Date: _____
- EFD Date: _____
- PRO-QA Only Date: _____
- NG 9-1-1* Date: _____
- QA Review Date: _____
- ED-Q Date: _____
- AQUA Date: _____
- Other: _____

Agency Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

APPLICANT INFO:

First Name	MI	Last Name	Email Address	Phone Number	Initials	Lodging (Y/N)	Meals (B/L/D)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

If agency is requesting applicant(s) attend a supervisor must complete the following:

Signature of Supervisor and initials of applicant hereby release the sponsoring agency and any other department/agency officially connected with the training program from any liability in the case of illness or accident.

Supervisor Signature: _____ Title: _____ Printed Name: _____ Date: _____