

Emergency Services Communication Bureau (ESCB)
State House Station 18
Augusta, ME 04330 (FAX: 877-8070)

APPLICATION FOR IN-SERVICE TRAINING (REV. 10/11)

COURSE NAME: _____

COURSE LOCATION: _____ **STARTING DATE:** _____

APPLICANT'S NAME _____

First

MI

Last

FULL TITLE, RANK OR POSITION: _____

NAME OF EMPLOYING AGENCY: _____

AGENCY ADDRESS: _____

Street

City/Town

Zip

AGENCY PHONE: _____ HOME PHONE: _____

HOME ADDRESS: _____

Street

City/Town

Zip

E-MAIL ADDRESS(work or personal) _____

APPLICANT MUST COMPLETE THE FOLLOWING

I, _____ release the sponsoring agency and any other department/agency officially connected or associated with this training program from any liability in the case of illness or accident.

SIGNED: _____ DATE: _____

If course is filled, I wish to be placed on the waiting list.

If agency/department is requesting this applicant to attend, the following must be completed:

The _____ (Agency Name) approves this applicant for training and releases the sponsoring agency and any other department/agency officially connected or associated with this training program from any liability in the case of illness or accident.

SIGNED: _____ TITLE: _____

Chief/Department Head/Supervisor

PRINTED NAME: _____ DATE: _____

Overnight Lodging Requested: **YES** **NO**

Meals Required: **NONE** **NOON ONLY** **ALL**

Special Accommodations Requested: Describe: _____
