



Utah Division of Emergency Management Training Request

(Please do a separate request form for each class.)

Name: Title: Date:

Agency: Address:

City: Zip: Phone: Email:

Requesting: ICS-300 ICS-400 AH-IMT Which AH-IMT?

Other Course Number Course Name

Proposed Dates: Times: Start End

Name of Training Site: Room #

Address: City: Zip:

DEM provided instructor(s)? Yes No (If no please list instructor(s) below.)

Lead Name: Email: Phone:

Other Name: Email: Phone:

Other Name: Email: Phone:

Is the course restricted to who can attend? Yes No If yes who can?

Training Supported By

Region Training Coordinator: _____

Region Liaison: _____

All requests must be submitted to the State Training Officer at least 45 days prior to the proposed date. If the request is for and AH-IMT course the FEMA *Request to Conduct NIMS ICS All-Hazards Position Specific Training Class* application must also be attached.

A minimum of 16 students is required for all classes.