

OFFICE OF STATE FIRE MARSHAL
4760 Portland RD NE Salem OR 97305 (503) 378-3473
Regional Hazardous Material Emergency Response Team
REQUEST FOR TRAINING

REQUEST FOR TRAINING INSTRUCTIONS

NAME: Include full name as it appears on official documents. This name will be used to make all reservations.

SOCIAL SECURITY NUMBER: The Social Security Number of the team member attending training.

TEAM, TEAM NUMBER: Identify the team by location and number.

PHONE NUMBER: Number where the team member can be reached.

MAILING ADDRESS: Address where the team member wants travel/training documents & confirmations sent.

COURSE NAME/TITLE: Identify the name and/or title of the course or training to be attended.

SPONSOR OF TRAINING: Indicate the organization or agency sponsoring the training for which the team member is applying. A formal registration form and flyer/brochure must be attached to the Request for Training.

LOCATION OF TRAINING: List the City, State, and actual address where the training will take place.

DATE(S) OF TRAINING: List the Date and Time training begins, and the Date and Time training ends.

TRAVEL TIME(S): In the space marked "Leave," indicate the time and date of departure for the training. In the "From" space, enter the city you will depart from, and in the "To" space, indicate the city you are going to. In the space identified "Return," indicate the time and date you will return to your assigned duty station. The city you are returning from should be entered into the "From" space and the city you are returning to entered in the "To" space.

TRAINING DESCRIPTION: A brief description of the content of the training. Include whether it is conference, seminar, class, workshop, etc.

FORM OF TRAVEL: Indicate the means of transportation to be utilized to travel to and from the training by checking a box. If "Other" is checked, please describe.

PROJECTED COSTS: Projected costs should be exact amounts if known. If they are unknown, projections of costs are based upon per diem rates or estimates.

*In most cases, Registration and Lodging are paid directly by OSFM. Airfare must be booked and paid for directly by OSFM. Team members will be expected to pay for meals, mileage, rental car, and any other expenses while traveling. Request for reimbursement of expenses must be submitted on the OSFM Travel Expense Detail Sheet within 15 working days of the completion of training or last date of seminar/conference. Reimbursements will only be made upon receipt of a completed Post Training Evaluation. Both forms are available from OSFM.

SHARING A ROOM: Check this box if team members plan on sharing a room with another team member. Be sure to indicate the name of the other person.

SIGNATURES: Applicant, Team Training Coordinator and the Team Administrator must sign the Request for Training.

OSFM APPROVAL: Approval or disapproval will be indicated by the State Fire Marshal's Office. A copy of the Request for Training indicating whether or not the training request is approved will be returned to the Team Training Coordinator.

OFFICE OF STATE FIRE MARSHAL
4760 Portland RD NE Salem OR 97305 (503) 378-3473
Regional Hazardous Material Emergency Response Team
REQUEST FOR TRAINING

Name* _____ Social Security Number _____

**Please print your name as it appears on the identification you will be using when traveling.*

Team _____ Team Number _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Course Name/Title _____

Sponsor of Training _____

Location of Training _____

Date(s) of Training Begins _____ Ends _____
Date and Time Date and Time

Travel Time(s) Leave _____ From _____ To _____
Date and Time Location Location

Return _____ From _____ To _____
Date and Time Location Location

TRAINING DESCRIPTION

Form of Travel State Vehicle Private Vehicle Air Other

PROJECTED COSTS

Registration \$ _____ Private/State Car Mileage \$ _____

Lodging \$ _____ Rental Car \$ _____

Meals \$ _____ Other \$ _____

Airfare \$ _____ **Total Projected Costs** \$ _____

Check here is sharing a room and enter the name of the person. _____

SIGNATURES

Applicant Signature _____ Date _____

Team Coordinator/Administrator hereby certifies that the applicant has demonstrated fitness for performing the tasks to be required in the course.

Approved

Team Training Coordinator _____ Date _____ Yes No

Team Administrator _____ Date _____ Yes No

Approved By _____ Date _____ Yes No

Office of State Fire Marshal