



Department of Public Safety Standards and Training
Regional Training Course Registration Application
 phone and/or e-mail reservations will not be accepted

PLEASE NOTE: *Some* classes require supplemental documentation with the course application; please review the entire announcement before submitting your application.

Course Title _____

Location _____

Course Dates _____

DPSST # _____ Rank/Title _____
 (DPSST # REQUIRED for all certified personnel)

Student Name _____

E-mail Address _____
 (Notice of confirmation will be sent to this address)

E-mail Address #2 _____
 (Copy of confirmation will be sent to this address)

Employing Agency _____

Mailing Address _____ City/State/Zip _____

Office Phone _____ Ext. _____ Cell Phone _____

****NOTICE OF CONFIRMATION WILL TYPICALLY BE SENT WITHIN 5-7 BUSINESS DAYS****

SUPERVISOR'S SIGNATURE AUTHORIZING PARTICIPATION IS REQUIRED

Training coordinators and those who hold the rank of sergeant or higher
 may sign their own applications.

By signing below, I affirm that the applicant(s) listed on this registration application and any attached sheet(s) is/are approved by me to attend the training listed above. The applicant(s) will be considered on active duty status with our agency during this training period. It is understood that the applicant(s), while attending this training course is/are covered by the insurance designated by his/her employing agency for an on-the-job injury. It is understood by me, and I have explained to the applicant(s) that for any illness or injury not covered by the insurer, that member will only be covered to the extent that he/she would be covered while at his/her own department under personal or departmental medical insurance.

Supervisor's Printed Name _____

Supervisor's Signature _____

Supervisor's Rank/Title _____

Date _____

E-Mail completed and signed form to: dpsstregional@state.or.us

For more information on upcoming training opportunities, please visit our website at:
<http://www.oregon.gov/DPSST/RT/pages/index.aspx>