



## 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\*\***

### **SIGNATURE OF DESIGNATED AUTHORITY AUTHORIZING PARTICIPATION IS REQUIRED**

By signing below, you affirm that the applicant(s) listed on this registration application and any attached sheet(s) is/are approved by their employing agency's designated authority to attend this training. The applicant(s) will be considered on active duty status with their agency during this training period. It is understood by the applicant(s) and the agency that the applicant(s), while attending this training, is/are covered by the insurance designated by their employing agency for an on-the-job injury. The employing agency and the applicant(s) understand that for any illness or injury not covered by the insurer, that member will only be covered to the extent that the applicant(s) would be covered while at their own department under personal or departmental medical insurance. The applicant(s) understands health and safety protocols may change in order to continue to ensure the validity of the training provided and the health and welfare of all is taken into consideration. The applicant(s) understands their health and safety is the DPSST's first priority, but risk of exposure to illness cannot be completely mitigated during the delivery of and participation in this training and their individual health and safety remains their personal responsibility. The applicant(s) will immediately notify a DPSST staff member if they feel at all unsafe at any time before/during any training event, or in any environment associated with this training. The applicant(s) affirms they are not sick at this time and will continue to self-monitor for symptoms of illness throughout their participation in this training program. If the applicant(s) feels at all ill, they will immediately report their condition to a DPSST staff member.

Supervisor's Printed Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Rank/Title \_\_\_\_\_

Date \_\_\_\_\_

**SCAN AND E-MAIL THIS FORM AND ANY SUPPLEMENTAL PAGES TO  
DPSST REGIONAL TRAINING: [steve.westerberg@dpsst.oregon.gov](mailto:steve.westerberg@dpsst.oregon.gov)**