



GDEM Training Application



Application for courses should be made at least 45 days in advance! (HMEP Grant Funded HazMat courses 21 days in advance)

Salutation	First Name	Middle Initial	Last Name	
Mr. Ms. Mrs. Miss				
Job Title(s)				
(If you are a <u>County Judge</u>, <u>Mavor</u> or <u>Emergency Management Coordinator</u>, please indicate above in addition to any other titles you may hold.)				
Course Number	Course Name	Course Date*		City
		First Choice	Second Choice	
G300	ICS 300			San Antonio, TX
G400	ICS 400			
Social Security Number	<i>See notice on reverse side</i>			
County		Disaster District		
Organization/Agency		Department		
Day Time Phone Number		Extension		
Fax Number		Email		
Address 1				
Address 2				
City		State	Zip Code + 4	
I meet the prerequisites for the course(s) I have applied for.		(For HMEP Grant Funded HazMat Training) I am either a public sector employee or a volunteer in support of a public sector agency/organization. (See reverse for definition)		
Applicant Signature		Date		
Director/Coordinator Signature		Date		
		Phone		
State Training Unit Approval		Date		
Comments/Remarks				

GDEM-35-AACOG 7/07

Return by mail or fax to:

Alamo Area Council of Governments
Attention Homeland Security Training
8700 Tesoro Dr., Ste 700
San Antonio, TX 7217
Fax: 210-822-6217 or hls@aacog.com

GDEM TRAINING APPLICATION INSTRUCTIONS

APPLICANT NAME: Name as you would like it to appear in GDEM records and on your certificate.

JOB TITLE: Your current title (Fire Chief, EMC, etc.). If you are an emergency management coordinator, mayor, or county judge, or other elected official please indicate this in addition to any other title you may hold.

COURSE NUMBER: - Enter the 4-digit course number in the catalog.

COURSE NAME: - Enter the course name as listed in the course description. Limit your choices to two (2) courses per application. (Note: Two course choices - Not Applicable for HMEP Grant Funded HazMat Training.)

COURSE DATE: List preferred class date and a second choice if possible. (*Not Applicable for HMEP Grant Funded HazMat Training.)

COURSE CITY: Self-explanatory.

SOCIAL SECURITY NUMBER: Self-explanatory. **See notice below.**

DISASTER DISTRICT: Enter your Disaster District Number (if known) otherwise leave blank.

ORGANIZATION: Indicate the public jurisdiction or organization you work for or if you are a volunteer, indicate the public organization for which you volunteer.

DAY PHONE NUMBER: List a business or other phone number where we can reach you or leave you a voice message.

FAX NUMBER: Organizational/Agency/Business fax number where information about training can be faxed to you.

E-MAIL: Organizational/Agency/Business e-mail address or a personal e-mail address where you don't mind receiving Organizational/Agency/Business mail.

ADDRESS: Please use your Organizational/Agency/Business address.

CITY, STATE, ZIP, and COUNTY: Self-explanatory

APPLICANT SIGNATURE: Your signature.

DIRECTOR/COORDINATOR: The signature of the local emergency management coordinator, mayor, county judge or Agency/ Organization Chief/Director. State employees should obtain the signature of their supervisor. If you are in a volunteer group or industry, call the EM or the HazMat Training Register. (Note: HMEP Grant HazMat training is **not** available to industry.) **Note:** The telephone number of the individual signing the application should also be listed.

STATE APPROVAL: Leave this blank – for GDEM use only.

COMMENTS: Leave blank.

Public Sector Employees/Volunteers: Employed or used by a political subdivision (county, municipality, city, town, township, local public authority (including any public and Indian housing agency under the US Housing Act of 1937 (42 U.S.C.1401 et seq.)), school district, special districts, interstate district, council of governments (whether or not incorporated as a nonprofit corporation under State law), any other regional or interstate government entity, or any agency or instrumentality of a local government

Notice to Applicants: Social Security Account Number (SSAN)

Section 7(b) of the privacy Act of 1974 (5 USC 552a) requires that when any federal, state, or local government agency requests an individual to disclose his or her social security account number (SSAN), that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, all registrants for Department of Public Safety Division of Emergency Management courses are advised that disclosure of one's SSAN is required as a condition of being admitted to courses, in view of the practical administrative difficulties, which would be encountered in maintaining adequate student records without the continued use of the SSAN. The SSAN is used to verify the identity of the student in order to record necessary data accurately. As an identifier, the SSAN is used in such activities as: maintaining accurate records of courses taken and completed to produce student transcripts and verifying successful completion of courses to the Federal Emergency Management Institute and other agencies. Authority for requiring the disclosure of a student's SSAN is grounded on section 7 (a)(2) of the Privacy Act, which provides that an agency may continue to require disclosure of an individual SSAN as a condition for the granting of a right, benefit, or privilege provided by law where the agency required the disclosure under statute or regulation prior to January 1, 1975, in order to verify the identify of an individual. The Department of Public Safety has for some years required the disclosure of the SSAN of those who attend its training courses.