



**State of Louisiana**  
 Governor's Office of  
**HOMELAND SECURITY &  
 EMERGENCY PREPAREDNESS**



## TRAINING APPLICATION

**PLEASE PRINT LEGIBLY**

DATE \_\_\_\_\_

Course Title		Course Date(s)
Last Name	First Name	Course Location (City or Region)
Last Four Digits of SSN	FEMA CSID Number	Job Title

### WORK INFORMATION

Employer/Agency Name		
Employer Address		
City	State	Zip
Employer Parish	Fax Number (     )	
Email	Work Phone Number (     )	ext.

### SIGNATURES

Each signature is required; applications lacking these signatures will be returned to the applicant.  
**NOTE:** All applications for local or parish participants must be submitted to Parish Director for signature. State and Federal Applicants do NOT need a Parish Director's Signature. To contact your parish OEP, visit <http://gohsep.la.gov/parishoepnumbers.aspx>

Applicant Signature	Date
Supervisor Signature	Title/Date
Parish Director Signature	

### GOHSEP Training Branch Contact Info

[gohseptraining@la.gov](mailto:gohseptraining@la.gov)  
 (225) 925-7500 Office  
 (225) 925-7512 Fax