



**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	Job Title		
<b>WORK INFORMATION</b>			
Employer/Agency Name			
Employer Address			
City	State	Zip	
Employer Parish		Fax Number (     )	
Email		Work Phone Number (     )	ext.
<b>SIGNATURES</b>			
<b>NOTE: Each signature is required; applications lacking these signatures will be returned to the applicant.</b>			
Applicant Signature		Date	
Supervisor Signature		Title/Date	
Parish Director Signature			

**NOTE:** All applications must be submitted to Parish Director for signature. Parish Directors contact info:  
<http://www.ohsep.louisiana.gov/parish/parishoepnumbers.htm>

**Fax Application to: GOHSEP Training Branch at 225-925-7512**  
**Contact Info**  
 ICS/EMI Classes: 225-925-1706  
 WMD Classes: 225-925-7699  
 Branch Manager: 225-358-5600