RMT Form, March 2016



## **REQUEST FOR MOBILE TRAINING**

Please use this form to request mobile training provided by the training partners the listed below. Complete the required information and submit this form through your TEMA regional office, or the TEMA Headquarters Training Division via our email, training@tnema.org, or via fax #615-532-9222.

Course Requested:		
Course Code:		
Desired Course Date (s): //		
Course Delivery Location/Facility Venue: _		
Street Address:	City, Zip:	
Local Point of Contact (POC):		
	POC Email:	
	City, Zip:	
	als or equipment will be mailed to the POC at the	
Course provided through:		
— Rural Domestic P	reparedness Consortium (RDPC)	
— FEMA - Center fo	r Domestic Preparedness (CDP)	
	or Biomedical Research & Training (NCBRT)(LSU	J)
0	ncy Response & Rescue Training Center (NERRT	
	als Research & Testing Center/New Mexico Tech	
•	For Exercise Excellence (NCEE)	(LIVIICIC)
ŏ	ergency Response Training Center (SERTC)	
○ Transportation To		
O Nevada Test Site		
<b>(</b> )— Other:		
Additional Notes:		
		/ /
Requestor / Local Point of Contact (Print)	Requestor / Local POC Signature	Date
		/ /
State Authorizing Agent (Print)	State Authorizing Agent Signature	,,, Date