

Erie County NIMS Course Request Form

FORM MUST BE SUBMITTED 90 DAYS IN ADVANCE.

Title of Course: _____

Please Note: ICS 300 – 24 Hour Course & ICS 400 – 16 Hour Course

Primary Dates Requested: _____

Secondary Dates Requested: _____

Check one: Day Course Night Course

Please Note: Before able to schedule a night course with state I will need a list of names of who will be registering/attending the night course.

Number of Students you anticipate participating in training: _____

Location of Training

Agency Name: _____

Address: _____

Hosting Agency Contact Information

Primary Contact Name: _____

Title: _____

Primary Telephone Number: _____

Email Address: _____

Training Officer's Name: _____

Primary Telephone Number: _____

Email Address: _____

Please email or fax your request to:

Melissa Calhoun

NIMS Coordinator

Melissa.Calhoun@erie.gov

Fax # (716) 858-7937

For additional information please contact Melissa at: (716) 858-6578