Office for State and Local Government Coordination and Preparedness

National WMD Standardized Awareness Program

SAAT Training Application (**Bulletin #138**)

(Please Print Legibly and Accurately)

CDP ☐ **LSU** ☐ **NMT** ☐ **NTS** ☐ **TEEX** ☐

Name:_____ **Male** ☐ **Female** ☐

(First) **(MI)** **(Last)**

Social Security Number: _____ **Date of Birth:** _____ _____ _____

(For Student Record Use Only) **(month)** **(day)** **(year)**

Home Address: (No post office box)

_____

(Street address)

_____

(City, State, Zip)

_____

(Home telephone or cell number)

Work Address: (No post office box)

_____

(Street address)

_____

(City, State, Zip)

_____

(Work telephone number with extension)

Email _____

Organization:_____ **Years Experience:**_____

Profession/Position/Title:_____

Federal Employee: Yes ☐ **No** ☐ **Trainer? Yes** ☐ **No** ☐

Primary Job Duty

- Fire Suppression ☐
- EMS ☐
- Emergency Mgmt ☐
- HAZMAT ☐
- Law Enforcement ☐
- Military ☐
- Public Works ☐
- Public Official ☐
- Public Health ☐
- Health Care ☐
- Public Safety Commission ☐
- Other (Please specify)

Area of Jurisdiction

- City ☐
- Township ☐
- County ☐
- Metro ☐
- District ☐
- State ☐
- Federal ☐
- National ☐
- Port ☐
- Tribal Territory ☐
- Other (Please specify)

Type of Department/Agency:

	Fire Department ☐	Emergency Medical Services ☐	Emergency Management Agency ☐	Rescue Squad ☐
Ambulance Service ☐	Police Department ☐	Volunteer Fire Department ☐	Search & Rescue ☐	Public Health ☐
Sheriff's Department ☐	Government ☐	Hospital ☐	Public Works ☐	National Guard ☐

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.