



CTOS REGISTRATION FORM

Fields displayed in **bold*** are required and must be completed. Please type characters in CAPITAL LETTERS only.

Part 1: Course Information - Radiological/Nuclear WMD Course for Hazardous Material Technicians

Training Provider Abbrev*

Are you a US citizen* Yes No

Are you a federal employee* Yes No

Citizenship disclaimer:

Participation is currently limited to United States citizens unless a [special request form](#) is completed. Once the form is reviewed you will be notified via email on the status of your request.

Resident Course descriptions may be found at http://www.ctosnnsa.org/pages/courses/courses_resident.htm

Course:

Course Number

Contact Hours

Start Time / End Time* -

Start Date (1st Choice)* / /
(MM/DD/YYYY)

Start Date (2nd Choice)* / /
(MM/DD/YYYY)

Part 2: Student Information

Click [HERE](#) TO RETRIEVE FEMA SID

FEMA SID*

Level of Government*

Last Name*

First Name*

Middle Initial

Job Title*

E-Mail Address*

Agency*

Student Discipline*

Student Discipline - Other (OTH)

Work Information:

Work Address*

Work City*

Work State*

ZIP Code*

Work Number*

Best Contact Number*

Personal Information:

(Home Address is required for mailing of travel cost reimbursement checks)

Home Address*

Home City*

Home State*

ZIP Code*



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Part 3: Radiological/Nuclear WMD Course for Hazardous Material Technicians

Training Applicant: The Radiological/Nuclear WMD Course for Hazardous Materials Technicians requires that all participants be certified by their agency and or state as a Hazardous Material Technician. By signing below you are affirming that you are a trained Hazardous Material Technician meeting the requirements in 1910.120 and/or NFPA 472.

***A copy of your Hazmat Certification for Technician must be included with the Registration Form**

Applicant's Signature Date

Training Applicant Supervisor: As the Supervisor for the above named training candidate, by signing below you affirm that the candidate is trained, qualified and credentialed to operate as a Hazmat Technician and meets the requirements found in OSHA 1910.120 and/or NFPA 472.

Applicant's Supervisor Signature Date

Certification meets intent of (check all that apply):

OSHA 1910.120 NFPA 472

Forward completed applications to SAA/STC for approval signature.
Click [HERE](#) for SAA/STC Contact List

To be approved by State Administrative Agent (SAA) and/or State Training Coordinator (STC)

SAA/STC Name - Printed/Typed

SAA/STC Signature Date Approved

SAA/STC please forward approved registration form to Counter Terrorism Operations Support
email: ctosreg@nv.doe.gov

Confidentiality of Information: Your responses and all personal information will remain confidential. Any reporting of data will be done anonymously in an aggregated fashion, without names or identifiers.

Public Reporting Burden: Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Forms are created and instructions provided so that they are accurate and can be easily understood while imposing the least possible burden on you to provide the requested information. The estimated average time to complete and file this application is 15 minutes per form. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please send to U.S.DHS / FEMA Room 210b, North Tower, Tech World Bldg., 500 C Street, SW, Washington, D.C. 20472

Release of Information: I authorize the release of my training records to the company/organization as listed on this information form for the purpose of verifying my attendance and performance.