



California Specialized Training Institute  
 Camp San Luis Obispo  
 CSTI/Cal OES, 10 Sonoma Ave. Bldg. 904  
 San Luis Obispo, CA 93405-7605  
 (805) 549-3535 email:cstiinfo@caloes.ca.gov



CRIMINAL JUSTICE AND RIMS

EMERGENCY MGMT/FEMA AND SEM

HAZARDOUS MATERIALS

**STUDENT INFORMATION**

**CLASS INFORMATION**

Send Confirmation To:  Home  Work  Organization

Course Title:

Student ID #  POST ID   
*Peace Officers only*

1st Choice  2nd Choice

Class Date:

\*First Name:

Class Code:

\*Last Name:

\*Title:

**ENTER A NUMBER FROM THE LIST BELOW THAT BEST DESCRIBES**

**YOUR PROFESSION:**

\*Agency:

**WORK -**

- |                      |                                   |                        |
|----------------------|-----------------------------------|------------------------|
| 1) Police            | 11) Public Information Officer    | 21) Schools            |
| 2) Sheriff           | 12) Public Works                  | 22) Community Svcs     |
| 3) Fire              | 13) Parks and Recreation          | 23) Other              |
| 4) Highway Patrol    | 14) Legal                         | 24) University (other) |
| 5) Military          | 15) University                    | 25) City (others)      |
| 6) University Police | 16) Health, City/Co/State         | 26) County (others)    |
| 7) City/County Admin | 17) Medical, Hosp/Dr/RN           | 27) State (others)     |
| 8) Finance           | 18) Private Industry              | 28) Transportation     |
| 9) Planning          | 19) Emerg Svcs, City/County/State | 29) Federal Agencies   |
| 10) CDF/County Fire  | 20) Volunteer Agencies            | 30) Airport            |

Street Address:

\*Is your salary in part or whole, paid by grant funds? Yes No

City:

If yes, then select grant type:

State:  Zip Code:

EMPG HMEP HSGP Other

\*Phone:  Ext:

Cell Phone:

Fax:

\*Email:

**HOME -**

**TRAINING OFFICER OR SUPERVISOR INFORMATION**

Street Address:

\*Name:

City:

\*Title:

State:  Zip Code:

\*Phone Number:

Phone:

Cell Phone:

\*E-mail:

Email:

**EMERGENCY NOTIFICATION**

**FOR TRAINING BRANCH AND LEPC REGION USE ONLY**

Region:  I  II  III  IV  V  VI

EMPG  Tuition  Per Diem

HMEP  Tuition  Per Diem

Name:

Relationship:

Address:

State:  Zip Code:

Phone Number:

**SPECIAL ACCOMMODATION**

PLEASE NOTE BELOW IF YOU HAVE A DISABILITY WHICH SHOULD BE CONSIDERED FOR SEATING ASSIGNMENT OR SPECIAL DIETARY NEEDS.

**Note:**

\* = Required field.