

**California Specialized Training Institute
Enrollment Application
CSTI/CalOES, 10 Sonoma Ave., Bldg 904
San Luis Obispo, CA 93405-7605
(805) 594-2100**

CSTIRegistration@caloes.ca.gov

Note: *=Required field

APPLICATION FOR ENROLLMENT

This form may be reproduced locally

STUDENT INFORMATION

FEMA ID

POST ID **Pease Officers only**

*First Name

*Last Name

*Title

*Agency

WORK

Street Address

City

State Zip Code

*Phone Ext

Cell Phone

*Email

HOME

Street Address

City

State Zip Code

*Phone

Cell Phone

*Email

EMERGENCY NOTIFICATION

Name

*Phone

TRAINING OFFICER OR SUPERVISOR INFORMATION

*Name

*Title

*Phone Number

*E-mail

CLASS INFORMATION

*Course Title

*Class Date

Course Code

SPECIAL ACCOMMODATION

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

ENTER A NUMBER FROM THE LIST BELOW THAT BEST
DESCRIBES YOUR PROFESSION

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

Enter Profession number here:

GRANT INFORMATION

***Is your salary in part or whole, paid by grant funds?**

Yes No If yes, then select grant type

Emergency Management Performance Grant (EMPG)

Hazardous Materials Emergency Preparedness (HMEP)

Homeland Security Grant Program (HSGP)

Other (Please explain)