



Department of Public Safety Standards and Training REGIONAL TRAINING COURSE REGISTRATION APPLICATION

REGISTRATIONS WILL NOT BE ACCEPTED BY TELEPHONE

Course Title

Location

Course Date

Student Name

Rank/Title

DPSST #

REQUIRED for all certified personnel

E-Mail Address

Notice of confirmation will be sent via e-mail or fax

Employing Agency

Assignment

Mailing Address

City

State

Zip

Fax

Phone

Student is Agency priority #

for attending this class.

Review course announcement for any pre-requisite or special requirements

If applicable, list how you meet course prerequisite(s) – use additional paper if necessary:

The following insurance information **must** be completed: Applicant(s) is/are approved by me for attendance at this training class and will be considered on active duty status with our agency during this training period. Applicant(s), while attending this training course is/are covered by the insurer indicated below for an on-the-job injury. It is understood by me, and I have explained to the applicant(s), that for any illness or injury not covered by the insurer indicated below, that member will only be covered to the extent that he/she would be covered while at his/her own department under personal or departmental medical insurance.

State Accident Insurance Fund (SAIF)

Applicant's agency as a direct responsibility insurer

Applicant's agency's worker Compensation insurance coverage

Name, position and signature of applicant's **supervisor authorizing participation in this training

** Training Officers, Training Coordinators and those who hold a minimum rank of Sergeant or equivalent, may sign their own application.

Name (Printed)

Date

Signature

Title

To obtain additional course registration applications or for more information about DPSST, please visit our website at: <http://www.dpsst.state.or.us>

Fax completed application to 503-378-3345 (cover sheet is not necessary) or mail to: 550 N. Monmouth Ave., Monmouth, Oregon 97361