



## CTOS INDIRECT TRAINING REQUEST FORM

(please PRINT legibly and accurately)

### Instructor Contact Information

Full Name:		Date:	
Agency (Police/EMS/Other):			
City:		State:	
Work Phone No.:		Cell Phone No.:	
E-Mail Address(es):		Fax No.:	

### Requested Course Information

Course Requested (must complete/submit one form per course):

<input type="checkbox"/>	AWR-140-2	Introduction to Radiological/Nuclear WMD Operations
<input type="checkbox"/>	AWR-346-2	Introduction to Radiological/Nuclear WMD Operations for Law Enforcement (LE)
<input type="checkbox"/>	PER-243-2	Primary Screener/Personal Radiation Detector Course

Training Facility Address:			
City:		State:	
		Zip:	
Any prior CTOS training (Y/N):		If yes, when/what?:	
Estimated Training Date:		Expected Student Count:	
Have access and approved to use required Radiological sources needed to conduct PRND Primary Screener/Personal Radiation Detector (PRD) PER-243-2 Station Guides (Y/N):			

### Course Material Shipping Information

Point of Contact (POC):	
Agency:	
Mailing Address: (no PO box please)	
City:	
State:	
Zip:	
Bldg. or Room #:	
Instructor Material Required? Y/N (including CD and instructor book)	
Cell Phone #:	

### Required Approval Signatures

State Administrative Agency (SAA): (once SAA approved, please forward form to [CTOSINDIRECT@nv.doe.gov](mailto:CTOSINDIRECT@nv.doe.gov))

☐ Approved \_\_\_\_\_  
Print Name Signature Date

CTOS Management:

☐ Approved \_\_\_\_\_  
Print Name Signature Date