New Mexico Department of Homeland Security And Emergency Management

Training and Exercise Unit Course Registration Form 13 Bataan Blvd Santa Fe, NM 87507 505-476-9650 fax (Please Print Legibly and Accurately)

Name:			Male	Primary Job Duty	Area of Jurisdiction
(First)	(MI)	(Last)	Female	Emergency Mgmt	City 🗆
	umber:	Date of Birth: Only) (mo	nth) (day) (year)	Law Enforcement	County 🗆
Home Address: (No post office box)		Work Address: (No post office box)		Fire Suppression	State
				EMS	Federal 🗆
(Street address)		(Street addr	·ess)	Agriculture 🗆	Tribal 🗆
(City, State, Zip)		(City, State, Zip)		Haz Mat	Other (Please
				Military	specify)
(Home telephone or cell number)		(Work telephone number with extension)		Public Works	
Email				Public Official	
Organization:		Years Experience:		Public Health	
Profession/Position/Title:				Health Care	
Course Title:				Public Safety Communication	
Certificates Provided:				Other (Please specify)	
Type of Department/Agency:	Fire Department	Emergency Medical Services Emergency Ma		nagement Agency Prive	vate Industry
	Law Enforcement	Volunteer	Search & Rescu	e 🗆 Put	olic Health
Government	Hospital 🛛	Public Works	National Guard	□ Oth	er 🗆