

Please Print Clearly

CONTACT INFORMATION		
First (Legal) Name	Middle Name (Initials NOT permitted)	Last Name
Date of Birth (YYYY/MM/DD)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Former Name if Applicable
Permanent Mailing Address		
City	Province	Postal Code
Home Phone	Email (Required for certificate)	

EMPLOYER INFORMATION/ORGANIZATION		
Organization Name	Municipality	
Permanent Mailing Address		
City	Province	Postal Code
Work Phone	Email	

COURSE	LENGTH OF COURSE	DATE OF COURSE
<input type="checkbox"/> ICS 100	ONLINE	
<input type="checkbox"/> ICS 200	2 DAYS	
<input type="checkbox"/> ICS 300	3 DAYS	
<input type="checkbox"/> ICS 400	3 DAYS	
<input type="checkbox"/> ICS 1-200 T-T	2 DAYS	
<input type="checkbox"/> ICS 300 T-T	2 DAYS	
<input type="checkbox"/> ICS 400 T-T	2DAYS	

Consent To Release Confidential Information

I hereby authorize Alberta Emergency Management Agency to release my certificate and transcript to my employer or organization

I certify that all statements made in connection with this application are true and complete in all respects.

SIGNATURE OF APPLICANT _____ DATE _____