



VITEMA VIRGIN ISLANDS TERRITORIAL EMERGENCY MANAGEMENT AGENCY

8221 NISKY, ST. THOMAS, VI 00802

TEL. (340) 774-2244 FAX (340) 715-6847

8&9 KING CROSS STREET, ST. CROIX, VI 00820

TEL. (340) 773-2244 FAX (340) 778-8980

#6 SUSANNABERG, ST. JOHN, VI 00830

TEL. (340) 776-6444 FAX (340) 714-4470

TRAINING REGISTRATION FORM

Name: _____
Last First Middle Initial

Department/Organization Name: _____

Position: _____

Gender: Male Female

Ethnicity: American India of Alaska Native Asian Black /African American
Native Hawaiian /Pacific Islander White Hispanic or Latino

Mailing Address: _____ **City** _____
State _____ **Zip** _____

This address is a: Business Home

Daytime Phone: (_____) _____ **Ext.** _____ **Fax:** (_____) _____

Evening Phone: (_____) _____ **Email:** _____

LIST COURSES REGISTERING FOR:

Course Title	Date/ Time



I have met all courses prerequisites: Yes No Please add me to the mailing list

To the best of my knowledge, the above information is complete and accurate. I certify that I have read all waivers and stipulations and understand the information given to me. **NOTE: Registration is required at least FIVE working days prior to the start of a course.**

Applicant's Signature _____

Date _____

*** Please submit the signed Training Registration Form to Irvin Mason, VITEMA Training Coordinator, by Fax at (340) 715-6847 or as a PDF to Irvin.mason@vitema.vi.gov.*

FOR VITEMA USE ONLY

AUTHORIZATION VERIFICATION

By printing and signing below, I verify that I am giving this participant authorization to participate in course(s) listed above that are being offered by Virgin Island Office of Homeland Security.

Print Name Irvin Mason, Training Coordinator

Authorizing Signature _____

Date _____
