



Douglas A. Ducey
GOVERNOR

**STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND
MILITARY AFFAIRS**

5636 East McDowell Road
Phoenix, Arizona 85008-3495

Training Branch (602) 464-6225
Exercise Branch (602) 464-6514



Major General Kerry L. Muehlenbeck
THE ADJUTANT GENERAL

DEMA USE ONLY	
Event #	
TC / EC	TBM / EBM

Training & Exercise Event Request

1. Requester Information					
Request Date:	County:	Tribe:	Region:		
Requester Name:			Agency:		
Office Phone:	Cell:	Email:			
Address:			City:	Zip:	
Alternate Contact:			Agency:		
Office Phone:	Cell:	Email:			
2. Event Information					
Event Type:			Delivery Method:		
Event Number and/or Name:					
Event Date(s):			Event Hours:	Estimated # of Participants:	
Target Audience: <i>(specific group, disciplines, or organizations the event is intended for)</i>					
Event Justification:	AAR Item	Core Capability Gap	MYTEP/IPP Component	THIRA	SPR
Mission Area:	Core Capability:		Core Capability:		
Please describe how this event will address the above, attach additional pages if necessary:					
3. Event Funding					
Notification Only/Certificates Only (no funding required)		Requesting State/County Funding		Federal Provider Funded	
If requesting a Certificates Only Training, please list the selected DEMA Adjunct Instructor(s) below:					
4. Exercise Events ONLY					
Exercise Type:					
Basic Scenario:					
Exercise Overview: <i>(Identify the purpose, scope and exercise support to ensure a successful event)</i>					



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5. Event Site and Resources <i>(physical location where the event will be held)</i>				
Facility Name:			Room:	
Physical Address:		City:	Zip:	
Main Room Capacity:	# of Breakout Rooms:	Computer	Projector	Internet Access/Wifi
Type of Seating:	Auditorium - Seats Only	Auditorium - w/Tables	Movable Tables and Chairs	
Access to the Training Site: Day Prior – Time:		Morning of – Time:		
Additional Comments: <i>(special resources, parking, facility access, etc.)</i>				
6. Shipping Address for Event Materials <i>(if other than the event site)</i>				
Facility Name:				
Shipping Address:		City:	Zip:	
Shipping POC:	Phone:	Email:		
Shipping Instructions:				
7. Requester Agreement				
<ul style="list-style-type: none"> • Requests must be received by DEMA a minimum of 60 days prior to the event. • I, or my alternate contact, will be available at least weekly to coordinate enrollment approvals and other related matters. The location provides adequate space for a successful training/exercise environment for participants. • All requested resources will be available per the exercise coordinators', instructors' and/or federal providers' needs. • I will advertise and track registration regularly to ensure minimum enrollment as indicated by DEMA/federal provider. I have the full support of my agency and facility owner to host this event. <p>COVID-19</p> <ul style="list-style-type: none"> • DEMA is no longer requiring facial coverings or temperature checks, however, all DEMA staff, instructors, participants, and hosts must be prepared to abide by any COVID-19 precautions that may be in place at the training site. COVID-19 precautions are at the discretion of the course host and may vary depending on location. DEMA encourages personal preparedness and recommends to anyone attending in- person events to bring a mask in case one is required and stay home if you're sick or symptomatic. • Event size will not exceed the maximum listed in the Acadis system and with consideration of social distancing. • Participants waitlisted through the Acadis system will not be allowed to attend the event as a walk-in without the approval of the assigned DEMA Coordinator. • Walk-ins who have not registered in the Acadis system will not be allowed entry into the event. All course hosts are responsible for adhering to their jurisdictions' COVID-19 guidelines. <p><input type="checkbox"/> I have read and agree to these requirements.</p> <p>Printed Name: _____ Signature: _____ Date: _____</p>				
8. County/Tribal Emergency Management Director				
<input type="checkbox"/> I have reviewed this request and concur with the delivery of this course for my jurisdiction.				
Printed Name: _____		Signature: _____		Date: _____
9. State Citizen Corp Program Manager Approval (DEMA use for CERT Training Programs Only)				
Printed Name: _____		Signature: _____		Date: _____
<p>Email the completed form to the appropriate DEMA Branch for processing: Training Events - Training Branch training@azdema.gov</p> <p style="text-align: center;">-or-</p> <p style="text-align: center;">Exercise Events - Exercise Branch exercises@azdema.gov</p>				