



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

5636 East McDowell Road
Phoenix, Arizona 85008-3495



DEMA/EM Training & Exercise Event Request Form

DEMA/EM USE ONLY	
Event #:	Int.:

1. Requester Information		
Request Date:	Agency:	
County:	Tribe:	Region:
Requester Name:	Phone:	Email:
Alternate Contact:	Phone:	Email:
2. Event Information		
Event Type:	Delivery Method:	
Event Number and/or Name:		
Event Date(s):	Event Hours:	Estimate # Attendees:
Target Audience: <i>(specific group, disciplines, or organizations the event is intended for)</i>		
Event Justification:	Mission Area:	
Core Capability:	Additional Core Capability (Optional):	
Please describe how this event will address the above: (Attach additional pages if necessary)		
3. Event Funding		
Certificates/Notification Only (non-funded)	Requesting State/County Funding	Federal Provider Funded
If requesting a Certificates Only Training, please list the selected DEMA/EM 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, attach additional pages if necessary)</i>		



Katie Hobbs
GOVERNOR

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Major General Kerry L. Muehlenbeck
THE ADJUTANT GENERAL

5. Event Site and Resources (physical location where the event will be held)

Event Facility Name:		Room #:	
Physical Address:		City:	Zip:
Main Room Capacity:		# of Breakout Rooms:	
Type of Seating:	Auditorium - Seats Only	Auditorium - w/Tables	Movable Tables and Chairs
Available Resources:	Computer	Projector	Internet Access/Wifi
Access to the Training Site Times Day Prior:		Morning of:	
Contact for IT Support:		Phone:	
Additional Comments: <i>(special resources, parking, facility access, etc.)</i>			

6. Shipping Address for Event Materials (if other than the event site)

Facility Name:			
Shipping Address:		City:	Zip:
Shipping POC:	Phone:	Email:	
Shipping Instructions:			

7. Requester Agreement

1. Requests must be received by DEMA/EM ***a minimum of 60 days prior to the event.***
2. I have the full support of my agency and facility owner to host this event.
3. I, or my alternate contact, will be available at least weekly to coordinate enrollment approvals and other related matters.
4. The location provides adequate space for a successful training or exercise environment for participants.
5. All requested resources will be available per the exercise coordinator, instructor, and/or federal provider's needs.
6. I will advertise and track registration regularly to ensure minimum enrollment as indicated by the DEMA/EM.
7. **By signing below, I acknowledge that I have read and understand these requirements.**

Printed Name: _____ **Signature:** _____ **Date:** _____

8. County/Tribal Emergency Management Director or Designee

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:** _____

Email the completed form to the appropriate DEMA/EM Branch for processing:

Training Events - training@azdema.gov
 Exercise Events - exercises@azdema.gov