

Please clearly print or type, and fill out completely

Course Requested: \_\_\_\_\_ Course #: \_\_\_\_\_

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security #: Last Four-\_\_\_\_\_

Network ID # \_\_\_\_\_ VA EMS # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

Email address: \_\_\_\_\_

**Must have prerequisites on file at the Training Academy prior to the start of the class**

Career in County	Volunteer in County	Career out of County	Volunteer out of County
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Assignment: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor/T.O.: \_\_\_\_\_ Date: \_\_\_\_\_ FDID #: \_\_\_\_\_

Battalion Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

**IMPORTANT – PLEASE NOTE: TD-19 WILL ONLY BE ACCEPTED IF A TRAINING ADVISORY HAS BEEN ISSUED. TD-19'S NOT COMPLETELY FILLED OUT OR LEGIBLE WILL BE RETURNED FOR RE-SUBMITTAL, WHICH MAY RESULT IN REJECTION DUE TO CLASS BEING FULL.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Civilian, reason for request: \_\_\_\_\_

Date Received by Training Division