



ERIE Training Request

Explosives Recognition and IED Exploitation for Intelligence Analysts

Course Dates (Tuesday – Thursday): _____

Travel Dates: _____ (Sunday) and _____ (Friday)

This form must be emailed to Patricia.K.Morris@atf.gov soon as possible.

Participant Information:

| | | |
|---|-------------------------|---------------|
| Last | First | Middle |
| Title or Job Series | | |
| Department/Agency (Field Division for ATF personnel) | Email | |
| Street, City, State, Zip | Last 4 of social | |
| Office Phone | Cell Phone | |

Please email this Confirmation Form to Senior Program Analyst Patty Morris (Patricia.K.Morris@atf.gov) as soon as possible.

For more information regarding this class, please contact:

Stephen Seaworth
Special Projects Training Specialist
ATF National Center for Explosives Training and Research
253-376-6905 (Cell)
Stephen.Seaworth@atf.gov

Information/Emergency Contact Sheet

ERIE

Class Dates: _____

Please print legibly, fill out completely and accurately

NOTE: This form will be disposed of by shredding at the conclusion of your block of instruction

| | | |
|--|---------------------------|-----------------|
| Name: | DOB: | |
| Agency: | | |
| Agency Mailing Address: | | |
| Work Number: | Mobile Number: | |
| Work Email: | Alt Email: | |
| Medical: | | |
| Blood Type: | | |
| Allergies: | | |
| | | |
| Past Medical Conditions: | | |
| _____ High Blood Pressure | _____ Heart problems | _____ Stroke |
| _____ Asthma | _____ Diabetes | _____ Seizures |
| _____ Hot Weather Injury | _____ Cold Weather Injury | _____ Bee Sting |
| If yes to any of these please explain: _____ | | |
| _____ | | |
| _____ | | |
| List all Current Medications: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Other Important Information: | | |
| | | |
| Emergency Contact – (Military - please list your designated military personnel) | | |
| Name: | Relationship: | |
| Contact numbers: (W): | (C): | (H): |

Please email this form to Patricia.K.Morris@atf.gov as soon as possible.