



ERIE Training Request

Explosives Recognition and IED Exploitation for Intelligence Analysts

Course Dates (Tuesday – Thursday): _____

Travel Dates: _____ (Monday) and _____ (Thursday)

This form must be emailed to Brooke.Brown@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 Program Analyst Brooke Brown (Brooke.Brown@atf.gov) as soon as possible.

For more information regarding this class, please contact:

Senior Special Agent Thomas Hudson
Program Manager - Special Projects
ATF National Center for Explosives Training and Research
256-261-7523 (Ofc)
Thomas.Hudson@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 Brooke.Brown@atf.gov or fax to 256-261-7501 as soon as possible. If faxing, please e-mail or call to confirm receipt.