

WSDOT AVIATION EMERGENCY SERVICES

VOLUNTEER TRAINING APPLICATION FORM

Date:		Organization:	
Last Name:	First:	WSDOT ES WORKER CARD No.	
Street Address:			
City:		State:	Zip:
E-Mail Address:		Emergency Contact:	
Home Phone:	Work Phone:	Cell Phone:	
Course Name: Aircrew Survival Course Classroom Phase	Course Number: 14-01	Course Dates: January 25th & 26th 2014	Course Fee: \$30.00 non-WSDOT Card Holders \$20.00 WSDOT Card holders
Classroom location is: WSDOT Eastern Region HQ, 2714 N. Mayfair Street, Spokane, WA, 99207			
I plan to commute each day:		Yes	No
Do you have any disabilities which require special consideration? If yes, please explain:		Yes	No
Signature of Participant:		Date:	
<p>I understand that by participating in the program, I will be participating in training where hazards may exist and I am aware and appreciate the risks which may result. I am also aware that accidents occur during these types of operations and that I may be seriously injured or killed as a result.</p>			

- Complete and Sign Training Application
- Include Course Tuition Fee - Payable to "WSDOT"
Do Not Send Cash!

Mail Application Packet to:

Aviation Emergency Services Training
 PO Box 47358
 Olympia WA 98504-7358



APPLICATION DEADLINE IS JANUARY 17th 2014 @ 1700