



(For WCB and Third Party Liability ONLY as per Policy 3.01)

Date of Application Fiscal Year:

Originator (please print) Email Address:

Phone Number: Fax Number:

Group Name (if applicable):

- EMBC Region: North East, Central, Vancouver Island, North West, South East, South West

- Public Safety Lifeline Group or Discipline: Emergency Program / ESS / Emergency Radio Communications / Road Rescue (LA Fire Dept), SAR, PEP Air, Road Rescue (Society), Other:

Emergency Program Coordinator Signature or Training Coordinator Signature (If Applicable)

Description of Training All training activities to be covered under the training task number must be noted below or on a separate attachment. Groups are encouraged to include an annual training plan to help facilitate training task number approvals.

Annual Training Plan attached Yes No

Regional Manager Approved Not Approved

Comments

Regional Manager Signature Date

Copy to Region Copy to EMBC Headquarters

TRAINING TASK NUMBER: