

Applied Technology Council Training Request Form

Training Requested By:

Contact name: _____

Organization: _____

Address, City, State, Zip, Country: _____

Phone Number, E-mail Address: _____

Preferred Training Date(s): _____

Training Location (if different than above): _____

Estimated Number of Participants: _____

Please indicate your training request:

Select	Training	Topic	Duration ^{1,2}
	ATC-20 Standard	<i>Postearthquake Safety Evaluation of Buildings (ATC-20)</i>	5 hours
	ATC-20/45 SAP	<i>Postearthquake Safety Evaluation of Buildings and CalOES Safety Assessment Program (SAP) Training (ATC-20 SAP)</i>	6 hours
	ATC-45	<i>Field Manual: Safety Evaluation of Buildings after Windstorms and Floods (ATC-45)</i>	5 hours
	ATC-20 Standard and ATC-45	<i>Postearthquake Safety Evaluation of Buildings (ATC-20) and Safety Evaluation of Buildings after Windstorms and Floods (ATC-45)</i>	7 hours
	FEMA P-154	Rapid Visual Screening of Buildings for Potential Seismic Hazards (Third Edition)	6 hours

Note 1: Training duration does not include breaks.

Note 2: Due to common elements in the two trainings, the combination is shorter than the sum of the durations.

Notes and Comments:

Please return the completed form or send questions to:
Bernadette Hadnagy at (650) 595 1542 or bhadnagy@atcouncil.org