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	*Postearthquake Safety Evaluation of Buildings* (ATC-20)	5 hours
	ATC-20 SAP	*Postearthquake Safety Evaluation of Buildings* and *CalOES Safety Assessment Program (SAP) Training* (ATC-20 SAP)	6 hours
	ATC-45	*Field Manual: Safety Evaluation of Buildings after Windstorms and Floods* (ATC-45)	5 hours
	ATC-20 Standard and ATC-45	*Postearthquake Safety Evaluation of Buildings* (ATC-20) and *Safety Evaluation of Buildings after Windstorms and Floods* (ATC-45)	7 hours
	ATC-20 SAP and ATC-45	*Postearthquake Safety Evaluation of Buildings* and *CalOES Safety Assessment Program Training* (ATC-20 SAP) and *Safety Evaluation of Buildings after Windstorms and Floods* (ATC-45)	1.5 days

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