

**Agency Representative Training**

July 31, 2018

Location: Irwindale

Register at: <https://www.eventbrite.com/e/agency-representative-arep-training-tickets-45910812476>

Course Coordinator: John Chappell (909) 238-3452 [John.Chappell@sce.com](mailto:John.Chappell@sce.com)

**L950: All-Hazards Incident Commander**

September 10 – 14, 2018

Location: El Segundo, CA

Price: Free

Contact Randal Collins for more info at [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org) or 310-524-2366.

To register complete the application below and email it to [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org)

**L958: All-Hazards Operations Section Chief**

July 30 – Aug 02, 2018

Location: El Segundo, CA

Price: Free

Contact Randal Collins for more info at [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org) or 310-524-2366.

To register complete the application below and email it to [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org)

**L962: All-Hazards Planning Section Chief**

September 24 - 27, 2018

Location: El Segundo, CA

Price: Free

Contact Randal Collins for more info at [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org) or 310-524-2366.

To register complete the application below and email it to [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org)

**L954: All-Hazards Safety Officer **\*\*TENTATIVE\*\*****

September 17 - 21, 2018

Location: El Segundo, CA

Price: Free

Contact Randal Collins for more info at [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org) or 310-524-2366.

To register complete the application below and email it to [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org)

**L956: All-Hazards Liaison Officer**

September 5 – 6, 2018

Location: El Segundo, CA

Price: Free

Contact Randal Collins for more info at [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org) or 310-524-2366.

To register complete the application below and email it to [RCollins@elsegundo.org](mailto:RCollins@elsegundo.org)

# City of El Segundo Emergency Management Training



## ***APPLICATION FORM***

<b>APPLICANT INFORMATION</b>		
<b>Last Name:</b>	<b>First Name:</b>	
<b>Organization:</b>	<b>Title:</b>	
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b>		
<b>Email address:</b>		
<b>Supervisor Approval: (Signature Required)</b>		
<b>COURSE INFORMATION</b>		
<b>Name of Course:</b>		
<b>Date of Course:</b>		
<b>Location of Course:</b>		

### **Course Confirmations:**

**Confirmation of enrollment to training Courses will be sent prior to the beginning of training.**

### **Return of Course Enrollment Form:**

**Please complete this application and return to:**

**City of El Segundo  
Emergency Management Office  
Attn: Randal Collins  
350 Main St  
El Segundo, CA 90245  
RCollins@elsegundo.org**