State of North Carolina
Forensic Tests for Alcohol Branch
TRAINING REQUEST FORM

Type of Training: **BASIC COURSES:** [ ] SFST  [ ] SFST Refresher  [ ] ARIDE  [ ] ASTD  [ ] IDD  [ ] DITEP
INSTRUCTOR COURSES (Requires prior-approval by State DEC Program Coordinator):
[ ] SFST IDC  [ ] SFST Inst. Ref.  [ ] ARIDE IDC  [ ] ARIDE Inst. Ref.  [ ] DRE IDC  [ ] DITEP IDC

Agency/ Institute Requesting Training: _____
Address: _______ City: _______
State: NC Zip Code: ______
Contact Person: _______ Title: ______
Contact Person Phone Number: ______

**Date of Request:** _____ (All Training request must be submitted a minimum of 30 days prior to the training start date)

**Date(s) of Training:** _____ Through _____ Number Attendees: _____

Location of Training: _____

Will there be an alcohol workshop associated with this training? [ ] YES  [ ] NO

**Instructor(s)***

Primary Instructor: Rank & Name
1. _____
Secondary Instructors: Rank & Name
2. _____
3. _____
4. _____

**Training Material Requested**

Check Appropriate Box(s)  # of item(s)  Other Training Materials Requested:

- [ ] ASTD Manuals
- [ ] SFST/DWI Detection Manuals
- [ ] SFST Refresher Manuals
- [ ] ARIDE Manuals
- [ ] IDD Manuals
- [ ] DITEP Manuals
- [ ] SFST IDC Manuals
- [ ] SFST Inst. Ref. Manuals
- [ ] DRE IDC Manuals
- [ ] ASTM Instructor Manuals
- [ ] DWI Case Folders
- [ ] SFST Pocket Notebook
- [ ] SFST Pocket Card
- [ ] DWI Resource Manuals
- [ ] NHTSA DWI Detection Supplements
- [ ] DWI Motorists
- [ ] DWI Motorcyclists
- [ ] Other: ___

* For eye cameras and optokinetic drums, contact your FTA Region’s Field Staff

**Mailing Address:** [ ] Check if same as above address.

Name: _______ Title: _______
Address: _______ City: _______
State: NC Zip Code: ______

**FTA Branch Use Only:**

Date Request Received: _____ Approved: [ ] Denied: [ ]
Approved By: _______ If Denied, Explain Reason: ______
Date Training Materials Shipped: _______
State of North Carolina
Forensic Tests for Alcohol Branch
TRAVEL REQUEST WORKSHEET

Will the FTA incur any expenses from this training?
☐ No ☐ Yes (If YES, then complete remainder of form)

Request Date: _____
(All travel request are to be submitted 30-45 prior to the training date)
Training Date(s): _____
Location of Training: _____

Type of Training: BASIC COURSES:
☐ SFST ☐ SFST Refresher ☐ ARIDE ☐ ASTD ☐ IDD ☐ DITEP
INSTRUCTOR COURSES:
☐ SFST IDC ☐ SFST Inst. Ref. ☐ ARIDE IDC ☐ ASTD IDC ☐ ASTD Inst. Ref. ☐ DRE IDC ☐ DITEP IDC

Training Cost Projections

Instructor Fees: $____
Per Deim: $____ (prevailing state rate)
Lodging: $____ (room rate + applicable taxes)
Mileage: $____ (prevailing state rate)
Total Cost Projection: $____

Are you requesting FTA to prepare any Instructor Contracts? ☐ Yes ☐ No

List the instructor(s) requesting contracts:

<table>
<thead>
<tr>
<th>Instructor(s)</th>
<th>Agency</th>
<th>Email</th>
<th># of hours requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _________</td>
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<tr>
<td>2. _________</td>
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FTA OFFICE USE ONLY:

☐ Authorized BDA or CA.
   ☐ Blanket BDA
   ☐ Specific BDA or CA

☐ Approved ☐ Disapproved

Date approved: ___________________ Training Coordinator’s Initials: ____________

Rev. 05/2019