

# 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  ASTD IDC  ASTD 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

<u>Instructor(s)</u>	<u>Agency</u>	<u>Inst. Certification Expiration Date:</u>
Primary Instructor: Rank & Name		
1. _____	_____	_____
Secondary Instructors: Rank & Name		
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

<u>Training Material Requested</u>		<u>Other Training Materials Requested:</u>	
<u>Check Appropriate Box(s)</u>	<u># of item(s)</u>	<u>Check Appropriate Box(s)</u>	<u># of item(s)</u>
<input type="checkbox"/> ASTD Manuals	_____	<input type="checkbox"/> DWI Case Folders	_____
<input type="checkbox"/> SFST/DWI Detection Manuals	_____	<input type="checkbox"/> SFST Pocket Notebook	_____
<input type="checkbox"/> SFST Refresher Manuals	_____	<input type="checkbox"/> SFST Pocket Card	_____
<input type="checkbox"/> ARIDE Manuals	_____	<input type="checkbox"/> DWI Resource Manuals	_____
<input type="checkbox"/> IDD Manuals	_____	<input type="checkbox"/> NHTSA DWI Detection Supplements	_____
<input type="checkbox"/> DITEP Manuals	_____	<input type="checkbox"/> DWI Motorists	_____
<input type="checkbox"/> SFST IDC Manuals	_____	<input type="checkbox"/> DWI Motorcyclists	_____
<input type="checkbox"/> SFST Inst. Ref. Manuals	_____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> DRE IDC Manuals	_____		
<input type="checkbox"/> ASTD Instructor Manuals	_____		

*\* 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:

Instructor(s)	Agency	Email	# of hours requested
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

#### FTA OFFICE USE ONLY:

Authorized BDA or CA.

Blanket BDA

Specific BDA or CA

Approved

Disapproved

Date approved: \_\_\_\_\_ Training Coordinator's Initials: \_\_\_\_\_