DTSC Training Request-Vehicle Service and Repair P2 Training

Agency Name: _____ **Date:** _____

Contact Name: _____ **Phone:** (___)_____

E-mail: _____

Type of training requested: ☐ **Business** ☐ **Local Agency**

Date and Time Requested:

First Choice: Date/Day/Time	Second Choice: Date/Day/Time	Third Choice: Date/Day/Time
_____	_____	_____

Number of persons: _____

Location of training: _____

Training room seating capacity: _____

To request training or additional information, fax completed form to or contact:

Tyrone Smith **phone: (916) 323-0288** **e-mail:** tsmith@dtsc.ca.gov

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In Southern California:

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FAX: (818) 551-2850

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