

CPR/First Aid/AED Training Request Form

Please contact us at (602) 712-4050 if you have any questions.

Submit this form via email to: ttraining@azdot.gov

Training Policies

- ☐ All participants in AZ LTAP training must be *transportation employees*. Non-transportation employees must be approved by AZ LTAP prior to training and an attendance fee paid prior to the start date.
- ☐ Requested training remains *tentative* until your agency receives and signs the Training Confirmation via Docusign *and* remaining paperwork (i.e. enrollment, invoices) are submitted by the listed due date.
- ☐ If the course is to be canceled, Arizona LTAP Center requires a **two-week notice** prior to training start date or a cancellation fee will be assessed.
- ☐ The Enrollment Form is due to AZ LTAP by the date listed on the Training Confirmation and/or no later than two-weeks prior to the start date of the training. **Failure to provide the enrollment form by the due date may result in course cancellation.**

Course Training Information		
Course Title: CPR/First Aid/AED (In-Person-Only)	Training Hours (Select One Option): 6:30am - 3:30pm <input type="checkbox"/> 7:00am - 4:00pm <input type="checkbox"/> 7:30am - 4:30pm <input type="checkbox"/> 8:00am - 5:00pm <input type="checkbox"/>	
Preferred Date (1 st Option):	Preferred Date (2 nd Option):	Number of Attendees:

Agency Requestor Information	
Requestor's Agency:	Requestor's Name:
Requestor's Phone Number:	Requestor's Email Address:

Training Facility Information (All Fields Required)	
Facility Name (e.g. Building Name):	
Training Room Name (e.g. Conference Room #2):	
Projector in Training Room (Y/N):	
Facility Contact Name:	Facility Contact Phone Number:
Facility Contact Email:	Facility Hours:
Facility Address (Address, City, State, Zip):	

Facilitator Information

(If your agency changes the facilitator after submitting this form, Technical Training **MUST** be notified.)

Facilitator Name:

Facilitator Phone Number:

Facilitator Email Address:

Certificate Shipment Information

(All Fields Required)

Delivery Address
(NO HOME ADDRESSES)

**Special Delivery
Instructions**
(i.e. Go Through Back Gate)

Delivery Location Hours
(i.e. 7-4pm)

Package Signee Name

Package Signee Phone

FOR OFFICIAL USE ONLY

Received By: _____ Date Received: _____

Pursuant to Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) and other nondiscrimination laws and authorities, ADOT does not discriminate on the basis of race, color, national origin, sex, age, or disability. Persons that require a reasonable accommodation based on language or disability should contact the AZ Local Technical Assistance Program at Ttraining@azdot.gov. Requests should be made as early as possible to ensure the State has an opportunity to address the accommodation.

De acuerdo con el Título VI de la Ley de Derechos Civiles de 1964, la Ley de Estadounidenses con Discapacidades (ADA por sus siglas en inglés) y otras normas y leyes antidiscriminatorias, el Departamento de Transporte de Arizona (ADOT) no discrimina por motivos de raza, color, origen nacional, sexo, edad o discapacidad. Las personas que requieran asistencia (dentro de lo razonable) ya sea por el idioma o discapacidad deben ponerse en contacto con la Oficina de AZ Local Technical Assistance Program en Ttraining@azdot.gov. Las solicitudes deben hacerse lo más antes posible para asegurar que el Estado tenga la oportunidad de hacer los arreglos necesarios.