



# Section I. Contact Information

Name:	Office Phone:	
E-mail Address:	Cell Phone:	
Organization:	POC Phone:	

# Section II. CDSO Information

Name:	Office Phone:	
E-mail Address:	Cell Phone:	
Rate/Rank	Department	
Command:	UIC:	

# Section II. Training Information

Training Topic/Title*:				Proposed Date:	
Start Time:	E	End Time:		Number of Attendees:	
Request: New training (training not already offered on our baseline training list or via ESAMS).					
Details:					
Please provide a description, learning objectives, and the type of audience					
* If training topic is not known to the requesting individual, he/she may opt to leave the filed blank					
Please complete one request per form.					

#### **Terms and Conditions**

This is the official form for all Safety training requests, no other forms will be accepted. Training reservation requests will be accepted via email as an attachment only – please send to NSA.BAHRAIN.SAFETY@me.navy.mil or call (DSN) 318-439-3527 or (CELL) +973-3940-0734.

Please submit this form to Safety Department at least six (6) weeks in advance of the proposed date. We will reply to your request within five business days. Delivery of training is subject to review and status of Base Operating Support (BOS) - Risk Assessment IAW CNIC M-5100.3. If you request a new training course, development time may be longer than 6 weeks, in which case the timeframe will be designated in the proposal.

# Section III. Terms and Conditions Agreement

Your Signature indicates you agree to cancel or change your reservation within 48 hours of the scheduled event and you have read and agree to the terms and conditions above including any damages.	Date
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# DO NOT WRITE IN THIS BOX: FOR OFFICIAL USE ONLY

Type of Request:	New Change Cancel	Assigned To:	
□ Approved □ Disapproved	Comments:	Date:	
Signature of Scheduler		Date Confirmation sent to POC :	