



APPLICATION FOR ANNUAL TRAINING TASK NUMBER

(For WCB and Third Party Liability ONLY as per Policy 3.01)

Date of Application Fiscal Year:

Originator (please print) Email Address:

Phone Number: Fax Number:

Area Name:

PEP Region: [] North East [] Central [] Vancouver Island [] North West [] South East [] South West

Public Safety Lifeline Group or Discipline: [] ESS [] Road Rescue [] SAR [] Emergency Radio Communications [] PEP Air [] Other

Emergency Program Coordinator Signature or Training Coordinator Signature (If Applicable)

Description of Training All training activities to be covered under the training task number must be noted below or on a separate attachment. Groups are encouraged to include an annual training plan to help facilitate training task number approvals.

Annual Training Plan attached [] Yes [] No

Regional Manager [] Approved [] Not Approved

Comments

Regional Manager Signature Date

Copy to Region [] Copy to PEP Headquarters []