

STATE OF NEVADA
DIVISION OF INDUSTRIAL RELATIONS
Mine Safety and Training Section
400 W. King Street, Suite 210
Carson City, NV 89703

Phone: (775) 684-7085 Fax: (775) 687-8259
Email: mines@business.nv.gov Web Page: <http://dir.nv.gov/MSATS/Home/>

Training Request Form
(Please fax this form to the Carson City Office)

_____	Date of Request _____
(Name of Operator)	
_____	_____
(Name of Operation)	(E-MAIL)
_____	_____
(Contact Person)	(Phone Number) (Fax Number)

Training Requested (Type ex: 24hr NMS etc.): _____

Date Requested (1st Choice) _____ Date Requested (2nd Choice) _____ Date Requested (3rd Choice) _____

* Number of Students: _____
(10 Students Minimum in a Class) ⇒ SEE NOTES BELOW

Location of Training: _____
(Facility) (City)

Media Available: T.V. VCR Overhead Projector Screen

(MSATS use only)

Dates of Training to be Conducted: _____
(Specify Month, Day, etc.)

Hours Training to be Conducted: _____
(Specify Hours, i.e. 8am-5pm Daily)

Instructors: _____

Submitted by: _____ / _____
(MSATS Staff Person) (Date/Method/Person contacted)

Approved by: _____
(C.A.O.) (Date)

* Classes that have less than 10 students will be cancelled.

* We will need to receive a class attendance roster before we can lock in your training dates.