

STATE OF NEVADA
DIVISION OF INDUSTRIAL RELATIONS

Mine Safety and Training Section
1886 College Parkway, Suite 120
Carson City, NV 89706
Phone: (775) 684-7085

Email: mines@dir.nv.gov

Web Page: <http://dir.nv.gov/MSATS/Home/>

Training Request Form
(Please email 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. Smart T.V. AV System Projector Screen

**Please note, systems provided must be configured to allow the instructor to connect the required laptop in order for training to be provided.*

(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.**