



**Connecticut Emergency Management and Homeland Security**  
***A Division of Emergency Services and Public Protection***

## **WEBEOC TRAINING REGISTRATION FORM**

If requesting this training you should have a basic understanding of Internet Explorer and computer usage. After registering in the online format, please complete the following form and have it signed either by your supervisor (State Agencies Only) or by your CEO, EMD or Chief of Service (Municipal or Private Sector). You can then fax it to **860-706-5539**. Attention: **Bob Scata**

**You will not be accepted into WebEOC Training until this form is received at DEMHS and confirmation has been sent back to you via email.**

Requested Training Date:

Name:

Title:

Municipality:

Agency/Discipline:

Email: **(required)**

Phone:

Signature: \_\_\_\_\_

\_\_\_\_\_  
Municipal Signature: (Chief Elected Official, Emergency Management Director, or Chief of Service)

\_\_\_\_\_  
Supervisor's Signature: (State Agency's Only)

Supervisor's Email Address:

**Please be advised that requests for assignment of a Tier 2 Password from a local person will first be vetted through the local EMD. Requests from State agencies will be confirmed by the Director of Emergency Management.**