
Please Complete This Form to Request Training

Contact Information

First Name

Last Name

Work Phone Number

Cell Phone Number

E-mail Address

Department/Agency Name

Training Information

Training Objectives

Please Check Mark Your Typical Scope(s) of Work:

Construction Medical I.T. Aviation Remediation/Abatement Training/Consulting Other (Specify Below)

Training Location

Street Address (If Applicable, Include Building Number)

Room#

City

State

Zip Code

Number of Trainees

Desired Date and Time of Training

Submit Completed Form To RiskManagement@dgs.ca.gov

When Submitting This Form to ORIM, Please Be Sure To Attach Copy of Most Recently Used Insurance Exhibits