



# Aquatic Invasive Species Training Request Form

## Requestor Information

Contact Name: _____	Phone #: _____
Contact Affiliation: _____	Email: _____
Location of Training: _____	Date of Training: _____
Number attending: _____	
Length of training: _____	

Type of Training/Education Requested (please check all that apply):

- Technical Training     AIS Invertebrate ID     Watercraft Decon.     AIS Laboratory  
 AIS Plant ID     Watercraft Inspection     General AIS Info     AIS Biology  
 Other: \_\_\_\_\_

Describe the training event, what is your goal, and how will it benefit the overall AIS program. List any requested materials or handouts. Is the training a power point presentation or a hands-on outdoor training?

*Please submit requests for training at least one month in advance of training date. Not all training requests will be approved. For increased chances of approval – schedule trainings between November-March when more staff are available. All AIS staff are busy during April-October months.*

\_\_\_\_\_  
*Requestor Signature*

\_\_\_\_\_  
*Date*

## AIS Management Approval

- Approved: AIS Staff Assigned to Coordinate with Event Manager: \_\_\_\_\_  
 Rejected

Comments:

\_\_\_\_\_  
*FWP AIS Manager Signature*

\_\_\_\_\_  
*Date*

Please submit request to Zach Crete (acting AIS coordinator) and Liz Lodman (AIS Information Officer)  
[LLodman@mt.gov](mailto:LLodman@mt.gov), [ZCrete@mt.gov](mailto:ZCrete@mt.gov)