

DEPARTMENT OF DISASTER MANAGEMENT

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SERVICES AND TRAINING REQUEST FORM

Name: _____

Dept./Agency/Org.: _____

Address: _____

PH.#: Work: _____ Home: _____ Fax: _____

Email: _____

Please check all the boxes that apply

- Orientation to Business Continuity & Recovery Planning
- Evacuation Planning
- Simulation Exercise Planning
- VHF Radio Telephone Workshop
- Logistics Support Systems (LSS)

Signature _____

Please complete and email, hand deliver, mail or fax to the address listed above or your district officer