

# TRAINING REQUEST

Date Requested \_\_\_\_\_ CASINO: \_\_\_\_\_

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Tribal Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Training Venue: \_\_\_\_\_

Number of Expected Students: \_\_\_\_\_

Number of Sessions: \_\_\_\_\_

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**COURSE(S) Requested:**

APPENDIX F(1) & F(2) TRAINING

PERSONAL SAFETY

VENDOR CERTIFICATION

BASICS OF SLOTS

CLASS III NET WIN CALCULATION & REPORTING

CASINO MATH

LOTTERIES & PROMOTIONS

INTERVIEWING\*

POKER, HOUSE BANK POKER & BLACKJACK TRAINING

ETHICS\*

INVESTIGATORS BACKGROUND INVESTIGATIONS

GANG OVERVIEW

COUNTERFEIT CURRENCY DETECTION\*

REPORT WRITING\*

TITLE 4 (Liquor Laws)/ FAKE I.D. \*

BASIC DRUG RECOGNITION\*

EFFECTIVE & TACTICAL COMMUNICATIONS\*

HUMAN TRAFFICKING\*

PREVENTING IDENTIFICATION THEFT\*

ACTIVE SHOOTER\*

PROCEDURAL CHALLENGES FOR SECURITY, SURVEILLANCE & TGO

Email request to: [jgarza@azgaming.gov](mailto:jgarza@azgaming.gov) or [dvalencia@azgaming.gov](mailto:dvalencia@azgaming.gov)