

CITY OF RAPID CITY
TRAVEL REQUEST

LF041107-07

Person requesting travel Mike Bartling Department EMS 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

Tactical EMS Training

List all other City employees, if any, making the trip for the same purpose: Nick Carlson

Place of meeting or destination: Beloit, WI

Date of meeting 5/14/07-5/16/07

Date trip to begin 5/13/07 Date trip will end 5/17/07

Method of transportation requested City

Estimated transportation cost \$ 400.00

Meals 375.00

Lodging 4 days 310.00

Other costs - description Registration \$465 x 2 930.00

Total estimated cost of trip \$ 2015.00

Signed _____ Date Garry Shepherd Date 3-22-07
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per event, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor Yellow copy - Finance Gold copy - Department copy

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: Mike Bunting Signature: _____ Today's Date: 2-23-07

Full Course / Event Name: Tactical SMS

Event Dates: May 14-16 Travel Dates: Date Leaving 5-13 Time Leaving 0700

Date Returning 5-17 Time in RC 2200

Event Location: Rapid City Belaire WI

Reasons for Requesting Course:

Approved: B/C or Division Chief

Required For Promotion

Education Chief

Required For Apprenticeship

Denied: B/C or Division Chief

Required For Current Position

Education Chief

Other _____

Reason For Denial Denied by Staff

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature _____ Ed. Chief Sig. [Signature]

Other Department Employees that are going with me are: N. Carlson, B. Merton, V. Raymond

I am Requesting:

On Duty Time:
Dates & Times 5-13, 5-16

Overtime Pay for _____ Hours
Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)

There is no Registration / Tuition

Registration / Tuition Cost \$ 465.00

I will pay and be reimbursed later.

I will have them bill the Department

It will need to be paid before I go

I need to take a check with me

Registration / Tuition will be paid by: _____

Travel Expenses:

I am Requesting a Department Vehicle. I prefer to take M-1 or Car-3
Estimate of Fuel Cost \$ 275.⁰⁰

I am Requesting Airline Travel.

I've taken care of my own flight/travel arrangements. Total Cost is \$ _____

I will arrange flight/travel with the Administrative Assistant.

I must arrive by: _____

I am available to return at: _____

Lodging:

I don't need lodging.

I've taken care of my own lodging arrangements. Total cost is \$ 618.²²
total for 4

I will arrange lodging with the Administrative Assistant.

Lodging starting the night of _____

Through the night of _____

The Conference / Course is being held at following Hotel/Motel and is my preference for Lodging. _____

Meals

I will need meals \$ 170.⁰⁰

The following number of meals included with the Conference/ Course

Breakfast _____

Lunch _____

Supper _____

I will be attending the NFA and will need a check for \$ _____

I will not need meals

Other Expenses:

I need to rent a car for _____ days at an approximate cost of \$ _____ per day.

I have other expenses. They are:

I am aware that I will need to speak with the Administrative Assistant regarding expenses following my return.

Please list any special needs required for your attendance at this Conference / Course

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: Nick Curkan Signature: _____ Today's Date: 2-23-07

Full Course / Event Name: Tactical EMS

Event Dates: May 14-16 Travel Dates: Date Leaving 5-13 Time Leaving 0700

Date Returning 5-17 Time in RC 2200

Event Location: Rapid City Beloit, WI

Reasons for Requesting Course: Approved: B/C or Division Chief

Required For Promotion Education Chief

Required For Apprenticeship Denied: B/C or Division Chief

Required For Current Position Education Chief

Other _____ Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature _____ Ed. Chief Sig. [Signature]

Other Department Employees that are going with me are: V Raymond, M. Bartling, B Martin

I am Requesting:

On Duty Time: _____ Overtime Pay for _____ Hours
Dates & Times 5-13, 5-16 Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)
 There is no Registration / Tuition
 Registration / Tuition Cost \$ 465.⁰⁰
 I will pay and be reimbursed later.
 I will have them bill the Department
 It will need to be paid before I go
 I need to take a check with me
 Registration / Tuition will be paid by: _____

Travel Expenses:

I am Requesting a Department Vehicle. I prefer to take M-1 or Car 3
Estimate of Fuel Cost \$ 275.⁰⁰

I am Requesting Airline Travel.

I've taken care of my own flight/travel arrangements. Total Cost is \$ _____

I will arrange flight/travel with the Administrative Assistant.

I must arrive by: _____

I am available to return at: _____

Lodging:

I don't need lodging.

I've taken care of my own lodging arrangements. Total cost is \$ 618 ³²

I will arrange lodging with the Administrative Assistant. (total for all four)

Lodging starting the night of _____

Through the night of _____

The Conference / Course is being held at following Hotel/Motel and is my preference for Lodging. _____

Meals

I will need meals 170⁰⁰

The following number of meals included with the Conference/ Course

Breakfast _____

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I will be attending the NFA and will need a check for \$ _____

I will not need meals

Other Expenses:

I need to rent a car for _____ days at an approximate cost of \$ _____ per day.

I have other expenses. They are:

I am aware that I will need to speak with the Administrative Assistant regarding expenses following my return.

Please list any special needs required for your attendance at this Conference / Course



23-MAR-2007

MIKE BARTLING
 Rapid City
 SD 57701
 US

Thank you for making your reservation at the Holiday Inn Express Beloit. We have reserved the following accommodations for you:

Arrival Date	Departure Date	Nightly Rate	Room Type
05-13-07	05-17-07	68.00 USD	TDBN

Your Confirmation Number is 60395926, and you are not guaranteed for late arrival. Again, thank you for choosing the Holiday Inn Express Beloit. We look forward to having you as our guest.

Best regards,

Reservations Office

*\$ 68.00/night
 + 8.84 tax
 \$ 76.84*

Holiday Inn Express - Beloit
 2790 Milwaukee Road Beloit, WI 53511
 Email hlebelwi@charterinternet.net
 Telephone: (608) 365-6000 Fax: (608) 365-1974



Don Holloway
Sheriff

Rapid City Police Department Pennington County Sheriff's Office

"Progress Through Cooperation"



Craig Tieszen
Chief of Police

300 Kansas City St, Rapid City, SD 57701

February 21, 2007

National Tactical Officers Association

Re: Tactical EMS Course
~~Keith Raymond~~
Nick Carlson ✓
Mike Bartling ✓
~~Brett Morton~~

The Rapid City/Pennington County Special Response Team is a joint team composed of 41 law enforcement. Our team is based out of Rapid City, South Dakota. The team is primarily responsible for an area which covers over 2,770 square miles and a population of 100,000. However, during the last three years we have also responded to requests from other jurisdictions across western South Dakota.

During the last several years when we have been called to other jurisdictions we have discovered that the nearest medical facility was over an hour away. We also discovered that the only medical support which was available was part-time first responders or emergency medical technicians with very little real world experience. With this in mind we began the process of looking at placing four full time paramedics on the team.

The criteria we used for selecting paramedics were as follows.

- They must be full time paramedics with the Rapid City Fire Department
- They must be certified in the State of South Dakota
- They must have a minimum of 1 year experience
- They must have the recommendation of both their supervisor and the fire chief
- They had to pass the Special Response Team physical fitness and agility test
- They had to pass an interview board which consisted of the fire chief, special response team commander, tactical commander and one of the team leaders.

The four paramedics named above were selected for the team last year. Since then they have been integrated in to the team and train with the team each month.

When the team is activated for a call, two of the paramedics will respond with the team. The paramedics will provide both preventive and emergency support to the team. They will also be on hand should a civilian or a suspect have a requirement for medical treatment.

Due to the multi-jurisdictional response and the distances from medical facilities, it's imperative that we have highly trained paramedics on our team.

A handwritten signature in black ink that reads "Jay Evenson". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Lt. Jay Evenson
SRT Commander
605-394-6115



National Tactical Officers Association

P O Box 797 Doylestown, PA 18901

Ph: 800-279-9127 Fax: 215-230-7552 www.ntoa.org

PLEASE ENTER ALL COURSE INFORMATION TO ENSURE REGISTRATION

Course Title: TEMS

Course Location: Beloit, WI

Course No.: 20070970

Course Date: May-14 -16 of 2007

NTOA reserves the right to cancel any course up to 30 days prior to course start.

Please do not make any non-refundable travel arrangements before this time.

Registrations limited to sworn law enforcement personnel. Please complete the following:

First Name Michael MI Last Bartling

Rank FF-P Assignment: SWAT Patrol CNT TEMS Other (Describe)

Home Address 4333 Timothy St.

City Rapid City State SD Zip 57702

Home Phone # 605-721-5505 Home E-mail mikeandjennifer@rushmore.com

Agency Name Rapid City Fire Department

Agency Address 10 Main St.

City Rapid City State SD Zip 57701

Your Phone # at Agency 605-394-4180 Agency Fax # 605-394-6754

Your E-mail at Agency mike.bartling@rcgov.org

Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature [Signature] Date 23 Feb. 2007

Payment information must accompany this registration to reserve your spot

NTOA Member Fee: \$ Member # 41409 (Required for member fee)

Non-Member Fee: \$ (Includes one year membership-send by U.S. mail to: Home Agency)

PO # (copy must be attached) # 583711 Check # Complimentary: Yes / No (Credit cards are charged and purchase orders billed approximately 30 days before the course start date)

Credit Card: Visa MC American Express Card # Expiration Date

Card Code (VS & MC - last three digits on signature line, Am Ex - four digit # on card front)

Name on Credit Card

Cardholder Billing Address

Cardholder Phone # Cardholder Signature

Send Completed Registration to: Fax: 215-230-7552 Mail: PO Box 797 Doylestown, PA 18901 E-mail: training@ntoa.org

Cancellation Policy: Full refund of any paid fee if canceled in writing is received 30 or more days prior to course start \$100 cancellation fee due if canceled in writing is received 29 days or less prior to course start. No Written Notice - No Refund Qualified substitutions are always acceptable.



National Tactical Officers Association
 P O Box 797 Doylestown, PA 18901
 Ph: 800-279-9127 Fax: 215-230-7552 www.ntoa.org

PLEASE ENTER ALL COURSE INFORMATION TO ENSURE REGISTRATION

Course Title: TEMS
 Course Location: Beloit, WI Course No.: 20070970
 Course Date: May-14 -16 of 2007

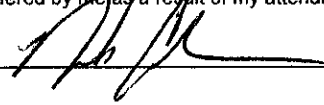
NTOA reserves the right to cancel any course up to 30 days prior to course start.
 Please do not make any non-refundable travel arrangements before this time.

Registrations limited to sworn law enforcement personnel. Please complete the following:

First Name Nick MI MI Last Carlson
 Rank FF-P Assignment: SWAT Patrol CNT TEMS Other (Describe)
 Home Address 1305 N. 7th St.
 City Rapid City State SD Zip 57701
 Home Phone # 605-718-8649 Home E-mail N/A
 Agency Name Rapid City Fire Department
 Agency Address 10 Main St.
 City Rapid City State SD Zip 57701
 Your Phone # at Agency 605-394-4180 Agency Fax # 605-394-6754
 Your E-mail at Agency nick.carlson@rcgov.org

Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature  Date 23 Feb. 2007

Payment information *must* accompany this registration to reserve your spot

NTOA Member Fee: \$
 Member # 41409 (Required for member fee)
 Non-Member Fee: \$
 (Includes one year membership-send by U.S. mail to: Home Agency)
 PO # (copy must be attached) # 583711 Check # _____ Complimentary: Yes / No
 (Credit cards are charged and purchase orders billed approximately 30 days before the course start date)
 Credit Card: Visa MC American Express Card # _____ Expiration Date _____
 Card Code _____ (VS & MC - last three digits on signature line, Am Ex - four digit # on card front)
 Name on Credit Card _____
 Cardholder Billing Address _____
 Cardholder Phone # _____ Cardholder Signature _____

Send Completed Registration to:
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