

# AMC Training Funds Application

Please complete application legibly. Illegible applications may delay processing times. Return no later than June 15 for Annual Meeting consideration and December 15 for Interim Meeting consideration. \*Funds will only be made payable to the jurisdiction submitting the request.

CONTACT INFORMATION				
Date:		Full Name:		
Title:		Company/Agency:		
Street Address:				
City:		State:	Zip Code:	Country:
Phone Number:	Fax Number:		Email Address:	
GENERAL INFORMATION				
Amount Requested: \$		Number of Individuals to be Trained:		
Training Location:		Training Dates:		
Explain (specifically) how the funds will be used:				
Is this in conjunction with any other meeting? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No				
Justification:				
Did you request funds last year? <input type="checkbox"/> Yes (see next question) <input type="checkbox"/> No				
If you were approved last year, did you use your funds? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)				
Has your jurisdiction participated in the Voluntary Quality Assurance Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Return form to:**

National Conference on Weights and Measures  
9011 South 83<sup>rd</sup> Street / Lincoln, Nebraska 68516