

CSTI REQUEST FOR CURRICULUM CHANGE OR CORRECTIONS

<u>FROM</u> Name: Address: Phone: Instructor Outreach #:	Date: Course Name:
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Summary of change: *(Items to be changed; please include section and page number)*

Reasons for Change: *(Include reference, interpretations, Federal Registers, etc.)*

How the change should be made: *(Include examples, photocopies, images, etc.)*

Please Return to:

**Camp San Luis Obispo, CST/Cal EMA, Attn:
Haz Mat Section Chief, Bldg. 904, 10 Sonoma Ave.,
San Luis Obispo, CA 93405-7605**

Fax: (805) 549-3555

CSTI USE: Approved Disapproved Tabled Other	Final Action:
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