



**INSTRUCTIONS:** Please complete **ALL** sections of this form and forward to the Program Secretary for the course. *Do not assume that you have been accepted for this course until you have received a confirmation letter from the Department of Justice, Advanced Training Center, approximately 6 weeks prior to the first day of class.*

COURSE INFORMATION		
NAME OF COURSE		
LOCATION (Preference)	DATES (First Choice)	ALTERNATE DATES
REASON FOR REQUESTING THIS COURSE:		

PARTICIPANT INFORMATION		
NAME	RANK	
AGENCY	PRESENT ASSIGNMENT	
MAILING ADDRESS (Street or P.O. Box, City, State, ZIP)		
E-MAIL ADDRESS	PHONE NUMBER (Participant)	POST ID or SSN*
EMERGENCY CONTACT NAME	RELATIONSHIP	TELEPHONE NUMBER
TRAINING OFFICER	PHONE NUMBER (Training Officer)	FAX NUMBER
THIS IS TO CERTIFY THAT THE ABOVE APPLICANT IS A FULL-TIME, SALARIED MEMBER OF THIS DEPARTMENT		
NAME OF DEPARTMENT HEAD	SIGNATURE	

ADMINISTRATIVE USE ONLY			
APPLICATION RECEIVED	REQUIREMENTS MET	SPOT CONFIRMED	CONFIRM. LETTER SENT

\* **PRIVACY STATEMENT:** Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL 93-579); however, the Social Security Number is used to maintain records on training requested and attended by students.