

DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
CONNECTICUT POLICE ACADEMY
POLICE OFFICER STANDARDS & TRAINING COUNCIL

COURSE REGISTRATION FORM

ONE FORM PER APPLICANT

AUTHORIZED OFFICIAL _____
(PLEASE PRINT)

AGENCY _____

TELEPHONE _____ EMAIL _____

SIGNATURE _____

****I HAVE ADVISED STAFF OF APPROPRIATE DRESS CODE FOR THIS COURSE.**

Title of Course _____

Location of Course _____

Dates of Course _____

Applicant Name: _____ Rank: _____

POST I.D. #: _____ ADMIT _____ DENY _____

REGISTRANT EMAIL ADDRESS (REQUIRED)
Refer to course announcement for information

Attention POST Staff (circle one): **STECK** **FULLENWILEY**

Mail or Fax to:
Field Services Training Division
Connecticut Police Academy
Police Officer Standards & Training Council
285 Preston Avenue
Meriden, CT 06450-4891

Questions:
Director, William Steck
William.Steck@ct.gov 203-427-2621
Administrative Assistant, Barbara Fullenwiley
Barbara.Fullenwiley@ct.gov 203-427-2622

(203) 238-6119 Field Services FAX
(203) 238-6643 Agency FAX

BILLING INFORMATION TO BE COMPLETED BY APPLICANT

CHIEF OF POLICE OR COMMANDING
OFFICER OF AGENCY:

AGENCY: _____

**TUITION (PER APPLICANT)
TO BE COMPLETED BY APPLICANT**

\$75 _____ 1 day or less
\$200 _____ 2-5 days
\$300 _____ 6-10 days