



**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

Email to:
Brian.Enns@ct.gov

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

Field Services FAX: 203-238-6119
Agency FAX: 203-238-6643

Questions:
Brian S. Enns
Field Services Training Division
203-427-2626
Brian.Enns@ct.gov

Agencies will be billed by DESPP Fiscal Services after the training is completed.
Do not send payment to the Police Academy.

BILLING INFORMATION TO BE COMPLETED BY APPLICANT

CHIEF OF POLICE OR COMMANDING OFFICER OF AGENCY:

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

P.O.# (if applicable): _____

**TUITION TO BE
COMPLETED BY
APPLICANT**

\$75 _____ 1 day or less

\$200 _____ 2-5 days

\$300 _____ 6-10 days

Revised: 05/16/2022