

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: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE #: _____ P.O.# (if applicable): _____

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

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