



DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
POLICE OFFICER STANDARDS & TRAINING

COURSE REGISTRATION FORM
ONE APPLICANT PER FORM

First Name: _____ Last Name: _____

Rank: _____ POST I.D. # (if applicable): _____

Registrant Email Address: _____

Agency & Address: _____

Telephone: _____ Email: _____

Signature: _____

Title of Course: _____

Location of Course: _____ Dates of Course: _____

AUTHORIZING OFFICIAL:

(Please print name clearly)

Email to: William.Tanner@ct.gov

Mail to:
 POST Field Services Division
 285 Preston Avenue
 Meriden, CT 06450

Questions:
 William Tanner
William.Tanner@ct.gov
 (203) 427-2625

BILLING INFORMATION (COMPLETED BY AUTHORIZING OFFICIAL)

BILLING CONTACT _____

AGENCY _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

P.O. # (If Applicable) _____

TUITION (PER PERSON)

No Charge

\$75

\$200

\$300