



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



COURSE REGISTRATION FORM - FTO

ONE APPLICANT PER FORM

First Name: _____ Last Name: _____

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

Registrant Email Address: _____

Agency: _____

Telephone: _____ Email: _____

Signature: _____

Title of Course: _____

Location of Course: _____

Dates of Course: _____

AUTHORIZING OFFICIAL:

(Please print name clearly)

Email to: Brian.P.Reilly@ct.gov

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

Questions:
Brian Reilly
Field Services Training
Division (203) 427-2614
Brian.P.Reilly@ct.gov

BILLING INFORMATION (COMPLETED BY AUTHORIZING OFFICIAL)

BILLING CONTACT _____

AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

P.O. # (If Applicable) _____

TUITION (PER APPLICANT)

No Charge