

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**

*Refer to course announcement for information*

**(REQUIRED)**

Email this form to [brian.p.reilly@ct.gov](mailto:brian.p.reilly@ct.gov) **or**  
 Mail :  
 T/O Brian Reilly  
 Connecticut Police Academy  
 Police Officer Standards & Training Council  
 285 Preston Avenue  
 Meriden, CT 06450-4891

Questions:  
 Training Officer Brian Reilly  
 203-427-2614 (desk)  
 203-627-8584 (cell)  
[brian.p.reilly@ct.gov](mailto:brian.p.reilly@ct.gov)

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

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