



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



COURSE REGISTRATION FORM

ONE APPLICANT PER FORM

First Name: _____ Last Name: _____

Registrant Email Address: _____

Agency/BOE _____

Telephone: _____ Authorizing Official Email: _____

Title of Course: **Annual Armed School Security Training - 2024**

Location of Course: **CT Police Academy, 285 Preston Avenue, Meriden 06450**

Dates of Course: **Monday, August 26, 2024**

Authorizing Official Signature: _____

AUTHORIZING OFFICIAL: _____

(Please print name clearly)

Email form to: William.Tanner@ct.gov

NO CONFIRMATION WILL BE SENT, ALL APPLICANTS WILL BE ACCEPTED.

Mail to:

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

Questions:

William Tanner
Field Services Training Division
(203) 427-2625
William.Tanner@ct.gov

BILLING INFORMATION (COMPLETED BY AUTHORIZING OFFICIAL)

BILLING CONTACT _____

AGENCY/BOE _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

EMAIL _____

P.O. # (If Applicable) _____

TUITION (PER APPLICANT)

No Charge

\$75

\$200

\$300