



## DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

## BASIC RECRUIT TRAINING SEAT REQUEST

*Requestor Name:		*Rank:	*Today's Date:
•			Today 3 Date.
*Department:		*Telephone:	
Email Address:		Cell #:	
*Session Number	*Session S	tart Date	*Number of Seats Requested
			·
Check here if your department will only accept assigned seats			
<mark>in MERIDEN</mark> (do not check an	•	if this is   elected)	
		electeu)	
Check all <b>SATELLITE ACADEMIE</b> S	vour department	: Bridgep	ort New Britain
would be willing to accept			
		Hartford	
		Milford	. Waterbary
		willord	
EMAIL THIS FORM TO	O ATTENTION OF	BASIC TRAIN	ING: Post.basic@ct.gov
			business days. Session numbers and star
			ed start dates are tentative and may b
changed at the discretion of the Police	a Academy nosting t	raining.	
FOR POSTC STAFF USE ONLY			
Date Received:	Request Received After the Class was Seated? Yes No		
Number of Seats Confirmed:		Number of Seats on Wait List:	
Date Department Released Seats:		Number of Seats Released:	