



# Washington State Criminal Justice Training Commission

## Application Form

### GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

<b>1. GENERAL INFORMATION</b>		
Applicant's Name: _____ (Last) _____ (First) _____ (Middle)		
Title/Rank: _____	Applicant's Social Security Number: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Duty Assignment: _____		Agency: _____
Agency Phone: _____	Agency Fax: _____	Applicant's Agency E-Mail Address: _____ @
Agency Mailing Address: _____ (Street or PO Box) _____ (City) _____ (Zip)		
<b>IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.</b>		
<b>2. COURSE INFORMATION</b>		
Course Title: _____		Course Number: _____
Location of Course: _____		Course Dates: _____
<b>3. PREREQUISITES</b>		
Does the Above Course have Prerequisites for attendance? <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete Below)		
PREREQUISITE(S):		APPLICANT'S COMPLETION OF PREREQUISITE(S):
<input type="checkbox"/> Completion of (Course Title): _____		Course Dates: _____ Location: _____
<input type="checkbox"/> Completion of (Course Title): _____		Course Dates: _____ Location: _____
<b>4. MEALS AND LODGING</b>		
Meals and Lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency.		
<b>5. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION</b>		
In determining <b>eligibility</b> of this <b>applicant</b> , the Training Commission will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments: _____ _____		
<b>6. APPLICANT PRIORITY (MANDATORY!) →</b>	If submitting more than one application for this course, check the priority of <b>THIS</b> applicant: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>7. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →</b>	@ _____	<b>Confirmation is sent via email, please make sure this section is complete.</b>
<b>8. AUTHORIZATION</b>		
Agency Representative Authorizing Attendance: Name _____ Signature _____	Title _____ Date _____	<b>For Commission Use Only</b> MTRS _____ _____ _____ _____
Return completed application form to: Washington State Criminal Justice Training Commission, 19010 1 <sup>st</sup> Ave South, Burien, WA 98148 Attn: Registrars. Applications may also be faxed to (206) 835-7926 or sent as an email attachment to the appropriate registrar. For more information regarding the the application process, please call (206) 835-7300.		