## **APPLICATION FOR TRAINING**

Complete all sections of this form and submit it to the Registrar at the NLETC.

Training Requested: Basic Reciprocity Reactivation Reserve **Applicant Information:** 1. Name: \_\_\_\_\_ First Middle Last 2. D.O.B.: Day Month Year 3. Home Address: \_ Street or P.O. Box City State Zip 4. Home Phone: 5. E-mail Address: 6. Enrollment Dates Requested (available on website): \_\_\_\_\_\_ 7. Previous Law Enforcement Certification Training (if any): Date: \_\_\_\_\_ Course of Instruction: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_ 8. Applicant will be staying in the dormitory: YES ( ) NO ( ) 9. If you answered Yes to #8: Gender: Male ( ) Female Smoker ( ) Non-smoker ( ) 10. Person to contact in event of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_ Street or P.O. Box City State Zip Relationship to Applicant: Agency: Name of Agency: Agency Address: \_ Street or P.O. Box Citv State Zip

TC-914 1/2019