



APPLICATION FOR ENROLLMENT

Basic Dispatch Course Only



NAME & Email Address	LAST 4 SSN	HIRE DATE	LODGING		SEX		SMOKER	
			YES	NO	M	F	YES	NO

PLEASE CHECK THE SESSIONS ATTENDING

Basic Dispatch Dates: _____
 EMD Portion Dates: _____
 NCIC Dates: _____

If unable to attend, the Training Center must be notified prior to the start of class. Failure to do so may result in the agency being billed 1 night lodging and the cost of tuition.

I hereby certify that all personnel listed above are employed by and on the payroll of this agency and have never been convicted of a felony.

I am aware that the Crime Commission, its employees, and other persons connected with the Training Center assume no responsibility for illness or accidental injury incurred by an officer while in attendance at Training Center courses.

SIGNATURE: _____ (Sheriff/Chief/Agency or Government Official)
 (MUST BE SIGNED)

PRINTED NAME: _____ (Sheriff/Chief/Agency or Government Official)

AGENCY NAME: _____

ADDRESS: _____ (Street Number)
 _____ (City, State and Zip Code)

TELEPHONE: _____ (Area Code and Number)

EMAIL ADDRESS: _____ (Agency)

Return form to: Nebraska Law Enforcement Training Center
 3600 North Academy Road
 Grand Island, NE 68801-9200
 (308) 385-6030 *** FAX (308) 385-6032