APPLICATION FOR ENROLLMENT
SPECIALIZED TRAINING

_____ _____

(COURSE TITLE) (COURSE DATES)

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

LODGING IS AVAILABLE ONLY FOR COURSES OFFERED AT THE TRAINING CENTER

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**:** _____ (Agency Head or Designee)

PRINTED NAME**:** _____ (Agency Head or Designee)

AGENCY NAME**:** _____

ADDRESS: _____ (Street Number)

_____ (City, State and Zip Code)

TELEPHONE**:** _____ (Area Code and Number)

AGENCY EMAIL ADDRESS**:**_____

CHECK ONE:

☐ Agency is to be billed for any tuition and/or lodging associated with the course.

☐ Individual listed above will be responsible for tuition and/or lodging associated with the course. **(If checked, the agency head does not need to sign the form.)**

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