



# APPLICATION FOR ENROLLMENT SPECIALIZED TRAINING



(COURSE TITLE)

(COURSE DATES)

| NAME & Email Address | LAST 4<br>SSN | HIRE<br>DATE | LODGING |    | SEX |   | SMOKER |    |
|----------------------|---------------|--------------|---------|----|-----|---|--------|----|
|                      |               |              | YES     | NO | M   | F | YES    | 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:** \_\_\_\_\_ (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)

**AGENCY EMAIL ADDRESS:** \_\_\_\_\_

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