



# CENTRAL ILLINOIS POLICE TRAINING CENTER

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## ENROLLMENT FORM PLEASE PRINT CLEARLY

COURSE TITLE: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_  
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Last 4 Numbers SSN# \_\_\_\_\_ OR PTB# \_\_\_\_\_  
MANDATORY FOR CLASS CREDIT/CLASSIFICATION

DOB: \_\_\_\_\_ Circle Gender: M or F

DEPARTMENT/AGENCY: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_  
NUMBER STREET

CITY STATE ZIP

AGENCY PHONE #: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_  
(MONTH, DAY, YEAR)

EMPLOYMENT BRANCH: \_\_\_\_\_ STATUS: \_\_\_\_\_ RANK: \_\_\_\_\_

ENTER ONE OF THE FOLLOWING LETTER CODES:

### BRANCH

C Corrections  
L Law Enforcement  
X Other

### STATUS

F Full Time  
P Part Time  
A Auxiliary

C Civilian  
R Resource  
X Corrections  
O Other

G Federal  
D Dispatcher  
Z Probationary  
S State Employee

SIGNATURE: \_\_\_\_\_

**NOTE: THE ABOVE REGISTRATION INFORMATION IS NECESSARY FOR COMPLIANCE WITH THE INTERGOVERNMENTAL LAW ENFORCEMENT OFFICERS IN-SERVICE TRAINING ACT (P.A. 82-674)**