

PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY
CONSTABLES' EDUCATION AND TRAINING BOARD



Training Enrollment Form 80-HOUR BASIC TRAINING

PLEASE NOTE: Print completed form, sign and date it, and FAX, EMAIL or MAIL DIRECTLY to the PCCD AT FAX: 717-783-7140; EMAIL: NIHARTMAN@PA.GOV; MAIL: BUREAU OF TRAINING SERVICES, PO BOX 1167, HARRISBURG, PA 17108-1167. PAYMENT MUST BE SUBMITTED BEFORE YOU WILL BE ENROLLED INTO CLASS.

FIRST CHOICE CLASS ID NUMBER:

				B	T		
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LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				B	T		
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LOCATION: _____

NAME:

Last

First

MI

MAILING ADDRESS: _____

COUNTY: _____

DATE OF BIRTH: _____

BUSINESS TELEPHONE: _____

BUSINESS FAX NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT'S UNDERSTANDING AND SIGNATURE

By signing my name below, I am stating that the information given on this enrollment form is true and correct to the best of my knowledge.

Signature of Applicant

Date