

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



## Training Enrollment Form 8-HOUR CONTINUING EDUCATION

**PLEASE NOTE: Print completed form, sign and date it, and FAX or MAIL DIRECTLY to the APPROPRIATE TRAINING DELIVERY CONTRACTOR. DO NOT SEND OR FAX TO PCCD. 8-HOUR CONTINUING EDUCATION (CE)**

FIRST CHOICE CLASS ID NUMBER:

|  |  |  |  |  |          |          |  |  |
|--|--|--|--|--|----------|----------|--|--|
|  |  |  |  |  | <b>C</b> | <b>E</b> |  |  |
|--|--|--|--|--|----------|----------|--|--|

LOCATION:

SECOND CHOICE CLASS ID NUMBER:

|  |  |  |  |  |          |          |  |  |
|--|--|--|--|--|----------|----------|--|--|
|  |  |  |  |  | <b>C</b> | <b>E</b> |  |  |
|--|--|--|--|--|----------|----------|--|--|

LOCATION:

NAME:

Last

First

MI

CERTIFICATION NUMBER:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

MAILING  
ADDRESS:

BUSINESS TELEPHONE:

BUSINESS FAX NUMBER:

EMAIL ADDRESS:

### *APPLICANT'S UNDERSTANDING AND SIGNATURE*

*I am, as of this date, an active Constable or Deputy Constable and eligible to take this training. Further, I will inform the training school of any changes in my status as a constable or deputy constable that may occur between now and the conclusion of the training program for which I am now registering. By signing my name below, I am stating that the information given on this enrollment form and the above affirmation is true and correct to the best of my knowledge.*

**Signature of Applicant**

**Date**