



## COURSE ENROLLMENT FORM

Course Attending: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_

*Identification will be required when checking into course. Please fill out this form in its entirety.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position/Title/Rank: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Identifying Information: Last 4 digits of social security # \_\_\_\_\_

Sworn Law Enforcement Officer:  Local  State  Federal  Military

Criminal Analyst:  Military  Civilian

Emergency Personnel:  Fire  EMS  Dispatcher

Other (please provide details): \_\_\_\_\_

Specify Branch, if Military:  ANG  ARNG  ARMY  DOD  
 USAF  USAR  USCG  USMC  USN

### PAYMENT INFORMATION:

Enclosed is a check/money order in the amount of \$ \_\_\_\_\_ Check # \_\_\_\_\_

Make checks payable to: CATLET Course Enrollment, P.O. Box 701, Columbia, MO 65205

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Substitutions require notification to CATLET at least 72 hours prior to the start of the course. For more information, call 800-636-9107.*