



Center for Advanced Technical Law Enforcement Training, Inc.

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, PO Box 188, Lebanon MO 65536

Signature: _____ Date: _____

**Substitutions require notification to CATLET at least 72 hours prior to the start of the course.*

For more information, contact CATLET at 800-636-9107 | www.catlet.org | Fax 816-817-1003