

Washington State
Criminal Justice Training Commission
Advanced Training Application



1. APPLICANT INFORMATION					
Name: Last		First		M.I.	Applicant Email
Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Date of Hire		Title / Rank
Agency Name		Billing Address		Agency Phone	
2. WHAT COURSE IS APPLICANT APPLYING FOR?					
Course Title		Course Number	Date	Location of Course	
3. HAS THE PRE-REQUISITE BEEN COMPLETED? some courses have pre-req's					
When was it taken?		Where was it taken?		Required Course Name	
4. APPLICANT PRIORITY					
Due to limited class sizes, CJTC may not be able to accept all applicants from your agency. If submitting more than one application, we will contact your Training Manager to determine applicant priority.					
5. This section is for FIRST LEVEL SUPERVISION or MIDDLE MANAGEMENT applicants only.					
Meal Service & Lodging provide for State Mandated Law Enforcement or Corrections personnel. Travel must exceed more than 40 miles from jurisdiction.					
How many miles from applicant's agency to Training Site: _____ (miles)		Meal Service: <input type="checkbox"/> Yes <input type="checkbox"/> No			
{If left blank, meals and lodging will not be provided.}		Lodging: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Check in: <input type="checkbox"/> Sunday @ 2:00 pm <input type="checkbox"/> Monday @ 7:30 am			
Promotion Date		Previously Applied for this Course?			
Applicants duties & responsibilities as a supervisor or manager:					
6. AGENCY AUTHORIZATION					
Authorizer Name & Signature		Email		Phone Number	

If you do not receive an email receipt of your application within one week of submission, then
please contact: Email: atd@cjtc.wa.gov or Fax: 206.835.7926

WSCJTC USE ONLY

Registered	Accepted	Alternate	Denied	Cancelled	Billed