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| **Washington State**Criminal Justice Training CommissionAdvanced Training Application |
| **1. APPLICANT INFORMATION** |
| Name: Last First M.I. | Applicant Email |
| Social Security Number | [ ]  Male[ ] Female  | Date of Birth  | Date of Hire | Title / Rank  |
| Agency Name | Billing Address | Agency Phone |
| **2. WHAT COURE 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){If left blank, meals and lodging will not be provided.}  | **Meal Service:** **[ ]**  Yes **[ ]**  No**Lodging:** **[ ]**  Yes **[ ]**  No**Check in:** **[ ]**  Sunday @ 2:00 pm **[ ]**  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 |



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| If you do not receive an email receipt of your application within one week of submission, then please contact:Email:**citregistrar@cjtc.state.wa.us** **or** Fax: **206.835.7926** |
| **WSCJTC USE ONLY** |
| **Registered** | **Accepted** | **Alternate** | **Denied** | **Cancelled** | **Billed** |
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