

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

80-Hour Basic Training Enrollment Form

PLEASE NOTE: PRINT COMPLETED FORM, SIGN AND DATE IT. PLEASE MAIL DIRECTLY, ALONG WITH PAYMENT (PAYABLE TO PCCD): to the PCCD, BUREAU OF TRAINING SERVICES (ATTN: NICK HARTMAN), PO BOX 1167, HARRISBURG, PA 17108-1167. PAYMENT MUST BE SUBMITTED BEFORE YOU WILL BE ENROLLED INTO THIS COURSE. QUESTIONS CAN BE DIRECTED TO NICK HARTMAN AT NIHARTMAN@PA.GOV OR 717-265-8551.

FIRST CHOICE CLASS ID NUMBER:

				B	T		
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LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				B	T		
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LOCATION: _____

NAME:

_____ Last

_____ First

_____ MI

MAILING ADDRESS: _____

COUNTY: _____

DATE OF BIRTH: _____

BUSINESS TELEPHONE: _____

EMAIL ADDRESS: _____

APPLICANT'S UNDERSTANDING AND SIGNATURE

By signing my name below, I am stating that the information given on this enrollment form is true and correct to the best of my knowledge.

Signature of Applicant

Date

Program Staff Use Only:

Code of Conduct: ___Yes ___No

Class Payment: ___Yes ___No

Enrollment # _____

Date Enrolled: _____

Program Staff: _____