**REGISTRATION/TRAINING APPLICATION**

**Law Enforcement Course**

Contact:Keith Elder

505.401.0298 keithsentinel@gmail.com

**This application will not be processed unless signed on the back by the applicant and the Agency Head or Designee.**

(Please Print or Type)

**Applicant**

**Last Name:      \_** **First Name :      \_ MI:**

**NMLEA Cert # or SOC:      \_\_\_\_\_\_ Date of Birth** (MM/DD/YYYY)**:      \_\_\_\_\_**

**Agency Name:      \_ Job Title / Rank:      \_**

**Mailing Address:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name and Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advanced Training Course  Inservice Training Course** (Biennial)

**Course Requested:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Location and Dates:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Cost:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Method**: Department Check Purchase Order Money Order Personal Check Credit Card Comp

**Jurisdictional Function** (Check One Only)**:**

City  County State Tribal Federal Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Type** (Check One Only)**:**

Law Enforcement Corrections Fire Private Security Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

Class Cancelled Student/Agency Withdrawal Fail to complete class

Confirmation sent (Date):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO Date :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Student Invoiced (Date):      \_\_\_\_\_\_\_\_\_\_ Payment Received (Date):      \_\_\_\_\_\_\_\_\_\_\_\_\_

***Training Policy***

**DRESS/ATTIRE**

Centennial Training and Consulting LLC maintains a professional work environment in accordance with NM Department of Public Safety Standards, therefore, appropriate dress is required. Individuals not in compliance may be dismissed or required to change into appropriate attire, and their agency will be notified.

**ATTENDANCE AND CONDUCT**

Courses will generally be conducted between 9:00 a.m. and 5:00 p.m. on the starting date of each course, unless otherwise specified. Centennial Training and Consulting LLC will administer registration procedures for the course. Students are expected to adhere to the safety procedures and attend all class sessions.

Following the first day of class, starting times and lunch breaks may be varied by the Instructor or Coordinator to meet special course needs.

Students are required to attend 100% of all scheduled training sessions in each course. When attendance conflicts occur, the Instructor will determine the remediation requirements and document all remediation action taken with each student in the course. 100% of course content must be delivered to the student.

No outside materials unrelated to the course will be allowed. This includes items such as newspapers, magazines, books, radio/CD players, etc. Cell phones and other messaging media will remain off during class, unless otherwise approved by the instructor.

Students will have regular breaks during which phone calls, messages, and personal needs may be addressed.

Professional conduct of all students is required. Dismissal of students will be determined solely by the course instructor unless the conduct interferes with the operation of the facility.

**APPLICANT ACKNOWLEDGEMENT**

I have read and understand the dress/attire, attendance and conduct policy. I hereby understand that I am applying for the above course and I will be responsible for all charges for this course if my agency does not sponsor my participation.

Applicant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY APPROVAL**

I hereby certify that the applicant is a member in good standing with my department. Attendance at the requested training program is authorized and my agency will be responsible for all charges.

Agency Head/Designee Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Agency Head/ Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_