Revised 11/2013

Geneal Course Application

PLEASE TYPE OR PRINT CLEARLY- LEAVE NO BLANK SPACES

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED

1. GENERAL INFORMATION

* PRINT CLEARLY-Certificates will be printed, as the name appears on this application

Name: (Last)	(First)	(Middle)

Social Security Number: / /	Title/Rank: - provide an organizational chart)	☐ Male ☐ Female

Agency:	Agency Phone: / /	Agency Fax: / /

Agency Address:(Street, City, State, Zip)

Agency Billing address: (if different than above)

Need for Training:

2. COURSE INFORMATION

Course Title:	Course Number:	Has Applicant Previously Applied for this Course? ☐ Yes ☐ No If Yes, When?
Location of Course:	Course Dates:	

3. PREREQUISITES- if applicable

Does the Above Course have Prerequisites for attendance?	☐ No ☐ Yes

PREREQUISITE(S) Title:	COMPLETION OF PREREQUISITE(S): Date(s): Location:

4. APPLICANT PRIORITY

If submitting more than one application for this course, indicate the priority of the applicant.

1☐ **2**☐ **3**☐ **4**☐ **5**☐ (1 being the highest)

5. AUTHORIZATION

Training Manager Authorization/Signature:

Training Manager Email and Phone Number:

Applicant Email address:

Fax: 206-835-7926 **| Email to:** registrar@cjtc.state.wa.us **| Questions:** registrar@cjtc.state.wa.us

WSCJTC USE ONLY

Registered	Accepted	Alternate	Denied	Cancelled	Billed