



BASIC TRAINING DIVISION ACADEMY APPLICATION

Washington State Criminal
Justice Training Commission
19010 1st Ave. S., Burien, WA 98148
Phone: (206) 835-7299
BLEA: blearegistrar@cjtc.state.wa.us
Corrections: coaregistrar@cjtc.state.wa.us

**All sections below are required in order to process your registration.
Please contact the Basic Training Registrar with any questions or if you need assistance.**

GENERAL INFORMATION:

Applicant Name (Last, First, MI):

Social Security Number:

Date of Birth:

Home Address:

Contact Phone:

Personal E-mail:

Gender Identity:

Ethnicity:

Education:

Military Experience:

Male Female

Emergency Contact:

Relationship:

Contact Phone:

Job Title:

Date of Hire:

Work E-mail:

BASIC LAW ENFORCEMENT ACADEMY APPLICANTS:

Class/Session #:

PAT Location: (WSCJTC Campus)

Has the applicant previously or unsuccessfully attended any Basic Training Academy? Yes No

If yes, please specify dates of attendance:

Location:

Reason: Voluntary Withdrawal Academic Failure Illness/Injury Other:

CORRECTIONS ACADEMY APPLICANTS:

Class/Session #:

PAT Location Preference: West (Burien) East (Spokane)

COA 1000 JCPA 1416 (Probation, check week(s) attending) Weeks 1 & 2 Week 2 (CMAF Only)

COEA (EQUIVALENCY) 1012

MPCA 1052

JRAA (DSHS) 1047

AGENCY INFORMATION:

Agency Name:

Physical Address: (include City, State & Zip)

Agency Administrator:

Training Officer:

Contact Phone:

Contact Phone:

E-mail Address:

E-mail Address:

Agency Administrator Signature:

Date:

(Lodging and meal services are provided to applicants whose home agency is in excess of 40 miles from the Commission)

Check one: Applicant **will** require lodging and meal services Applicant **will not** require lodging and meal services

Applicant will make alternate lodging arrangements, but will require **meal services only**.

FOR COMMISSION STAFF USE ONLY:

Received Date:

Registered Date:

Comments: