BASIC TRAINING DIVISION ACADEMY APPLICATION

Washington State Criminal Justice Training Commission
19010 1st Ave. S., Burien, WA 98148
Phone: 206.835.7299/Fax: 206.835.7921
Email: basictraining@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: ☐ **Male** ☐ **Female** | **Ethnicity:** Choose One: | **Education:** Choose One: | **Military Experience:** Choose One:

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 (CMAP 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:

Print Form | Submit to Registrar | Clear Form