



**Washington State**  
**Criminal Justice Training Commission**  
**Advanced Training-General Course Application**  
 Only complete applications will be processed.

1. APPLICANT INFORMATION -- MANDATORY					
Name: <u>Last</u>		<u>First</u>		<u>Middle</u>	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number: / /		Agency:		Title/Rank:	
Agency Address: Street or PO Box, City, State Zip			Agency Phone: / /		
			Agency Fax: / /		
Billing address if different than above:					
Need for Training:					
2. COURSE INFORMATION					
Course Title:		Course Number:		Previously Applied for this Course?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Course:		Course Dates:		If Yes, When?	
3. PREREQUISITES- If applicable					
Required course:			Date/Location (s):		
4. APPLICANT PRIORITY- If applicable					
If submitting more than one application for this course, indicate the priority of the applicant.					
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> (1 being the highest)					
5. AGENCY AUTHORIZATION/CONTACT INFORMATION					
Training Manager Name/Signature:					
Training Manager Email and Phone Number:					
Applicant Email address (Mandatory):					
All sections of this application are MANDATORY, if applicable					
PLEASE PRINT CLEARLY-Certificates will be printed, as the name appears on this application					
Fax complete application to: 206-835-7926 Or Email to: <a href="mailto:registrar@cjtc.state.wa.us">registrar@cjtc.state.wa.us</a>					
Questions: <a href="mailto:registrar@cjtc.state.wa.us">registrar@cjtc.state.wa.us</a>					
WSCJTC USE ONLY					
Registered	Accepted	Alternate	Denied	Cancelled	Billed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>