CJTC Form 219
Revised 03/10

# Washington State
## Criminal Justice Training Commission Leadership Training Application

**PLEASE TYPE OR PRINT CLEARLY-LEAVE NO BLANK SPACES-ONLY COMPLETE APPLICATIONS WILL BE PROCESSED!**

**1. GENERAL INFORMATION-Applicant**

| Name: (Last) | (First) | (Middle) |
|---|---|---|
| | | |

| Social Security Number: | Title/Rank: (please provide an organizational chart). | Promotion Date | ☐ Male ☐ Female |
|---|---|---|---|
| | | | |

| Agency: | Agency Phone: | Agency Fax: |
|---|---|---|
| | | |

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

Agency Billing address if different than above:

| Number of Line Staff Supervised: | Number of Supervisors/ Managers Supervised: |
|---|---|
| | |

**THIS SECTION IS MANDATORY**; Briefly Describe Your Duties and Responsibilities as a Supervisor or Manager:
*(Section will auto fill as you type.)*

**2. COURSE INFORMATION**

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

**3. PREREQUISITES**

Does the Above Course have Prerequisites for attendance? ☐ No ☐ Yes **(Complete Below)**

| PREREQUISITE(S): | APPLICANT'S COMPLETION OF PREREQUISITE(S): | |
|---|---|---|
| Completion of (Course Title) | Date(s): | Location: |

**4. MEALS AND LODGING ELIGIBILITY**

NOTE: If Applicant requires special accommodations, please make a request on a separate sheet and attach to this application.

Lodging and meal service is provided to academy students who must travel in excess of 40 miles to the training site.

**Please Note: This section must be complete to determine eligibility. IF left blank, meals and lodging will not be provided.**

Applicant's agency (in miles).

***Please check one of the following:***

☐ Applicant will require provision of lodging and meal service.

☐ Applicant will not require either meal service or lodging.

**6. AUTHORIZATION**

***For Commission Use Only:***

Training Manager Name/Title:

Training Manager Email and Phone Number:

**Applicant** Email address (**Mandatory**):

| Accepted ☐ | Received ☐ | Comments: |
|---|---|---|
| Alternate ☐ | Moved to | |
| Denied ☐ | CXL Date | |

Authorizing Signature/Date:

_____/_____

**RETURN TO: DTS Registrars Office FAX: 206-835-7926**

**IMPORTANT: Certificates will be printed as the name is listed on this application.**

**QUESTIONS? Contact Leadership Registrar 206-835-7340**