

Form CJ 1270 Revised: 12/2015	 <p><b>APPLICATION FORM FOR BASIC RESERVE ACADEMY</b> PLEASE TYPE OR PRINT CLEARLY</p>	Washington State Criminal Justice Training Commission 206-835-7300 Fax 206-835-7921
----------------------------------	---	--

APPLICANT/GENERAL INFORMATION		
<b>LOCATION OF COURSE:</b>  	<b>SESSION DATES:</b> Start: End:	<b>ANTICIPATED DATE OF APPOINTMENT:</b> - - -
<b>NAME:</b> Last:                                      First:                                      Middle:		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
<b>SOCIAL SECURITY NUMBER</b> - - -	<b>DATE OF BIRTH:</b> - - -	<b>APPLICANT'S CONTACT EMAIL:</b> @

PLEASE CHECK THE APPROPRIATE BOX
Check applicable eligibility. Eligibility for participation in the basic reserve academy process is limited to: <ul style="list-style-type: none"> <li>(a) <input type="checkbox"/> Specially commissioned reserve peace officers of the state of Washington,</li> <li>(b) <input type="checkbox"/> Commissioned Washington State tribal peace officers,</li> <li>(c) <input type="checkbox"/> Persons employed by a limited authority Washington law enforcement agency as defined under <a href="#">RCW 10.93.020</a></li> <li>(d) <input type="checkbox"/> Persons employed as security by public Colleges and Universities as defined under <a href="#">RCW 28B.10.016</a>, or</li> <li>(e) <input type="checkbox"/> Persons employed as security in the K-12 Washington State public school system as defined under <a href="#">RCW 28A.150.010</a></li> <li>(f) <input type="checkbox"/> Other – As allowed per <a href="#">WAC 139-05-810(4)</a> Please specify:</li> </ul>

SPONSORING AGENCY		
<b>AGENCY NAME:</b>	<b>AGENCY CONTACT PHONE:</b> - -	<b>AGENCY FAX:</b> - -
<b>AGENCY MAILING ADDRESS: (STREET or PO BOX) (CITY) (ZIP)</b>		<b>AGENCY CONTACT EMAIL:</b> @

FIRST AID (If First Aid is not taught as a module in the academy session submitted , the applicant must complete Basic First Aid with CPR Certification prior to the start of the Academy)		
<b>ISSUE DATE:</b> - -	<b>ISSUING AGENCY (ENTER 'ACADEMY' IF AN INCLUDED MODULE):</b>	<b>EXPIRATION DATE:</b> - -

CRIMINAL HISTORY: To be completed by sponsoring agency. Form CJ1903 is required separately, prior to the completion of the academy.
It is the responsibility of each sponsoring or applying agency to conduct a complete criminal records check to include a search of state and national criminal history records information regarding its applicant through the submission of the applicant's fingerprints to an appropriate agency or agencies. No individual will be granted academy admission or allowed continued participation if the individual is not otherwise eligible for certification or has been convicted of a crime that would make him or her ineligible for certification (WAC 139-05-220).
<b>I hereby attest, under penalty of perjury under the laws of the state of Washington, the above named individual is a duly authorized applicant of this agency and that the requirements of <a href="#">WAC 139-05-220</a> have been met.</b>
Signed this ____ day of _____, 20__, at _____, Washington
_____ Printed Name:                                      Title:
SIGNATURE

AUTHORIZATION: To be completed by the Reserve Academy Coordinator	FOR COMMISSION USE ONLY
<b>Reserve Academy Administrator Authorizing Attendance</b> Name: Title: Signature: _____ Date: - -	Processed by: Clear in National Decertification Index <input type="checkbox"/> Initials: CJ1903 Received <input type="checkbox"/> Entered LMS:                                      Results Updated: Withdrawal Rec'd: <input type="checkbox"/> Date: LMS Updated: