Spokane Police Department
General Course Application

PLEASE TYPE OR PRINT CLEARLY-Only complete applications will be processed.

1. GENERAL INFORMATION - Applicant		
Name: Last	First	Middle
Social Security Number **(Mandatory)**: / /	Title/Rank:	☐ Male ☐ Female
Agency:	Agency Phone: / /	Agency Fax: / /
Agency Address: Street or PO Box, City, State Zip		
Billing address if different than above:		
THIS SECTION IS MANDATORY; Briefly Describe Your Duties and Responsibilities:		

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): Completion of (Course Title)	APPLICANT'S COMPLETION OF PREREQUISITE(S): Date(s): Location:
4. Applicant Email Address: (MANDATORY)	@

5. APPLICANT PRIORITY (MANDATORY)

If submitting more than one application for this course, check the priority of ***THIS*** applicant (1 being first priority):

1☐ **2**☐ **3**☐ **4**☐ **5**☐

6. AUTHORIZATION (MANDATORY)	**For SPD Use Only**		
Training Manager Name/Signature: Email and Phone Number:	**Accepted** ❑	**Received** ❑	Comments:
	Alternate ❑	**Moved to**	
	Denied ❑	**Cancel Date**	
Authorizing Signature/Date: _____/_____	**RETURN TO: Spokane Police Department** **Training Division** **Fax: 509-742-8184** **IMPORTANT:** Certificates will be printed as the name is listed on this application. **QUESTIONS?** Contact Jody Goldman jgoldman@spokanepolice.org		