LAW ENFORCEMENT
IN-SERVICE TRAINING

REGISTRATION FORM

LAST NAME	FIRST NAME	MI/FORMER NAME	MMRMA MEMBER? ☐ YES ☐ NO
ADDRESS AND STREET	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER	MCOLES NO.	
DEPARTMENT/AGENCY	DATE OF BIRTH	LAST 4 OF SSN	GENDER ☐ MALE ☐ FEMALE

CLASS DATE	SECTION NO.	CESP NO.	COURSE TITLE	FEE
		0012	EVO Refresher	AMT $
				TOTAL $

COMPANY PAID TUITION

COMPANY NAME

ADDRESS

BILLING CONTACT PERSON

BILLING EMAIL

DEPARTMENT CONTACT INFO

NAME

PHONE NO.

EMAIL

Mail to:

Schoolcraft College
Public Safety Training Complex
31777 Industrial Rd., Livonia, MI 48150
Ph. 734.462.4307 | Fax. 734.462.4304
Email: leis@schoolcraft.edu

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