# LAW ENFORCEMENT
## IN-SERVICE TRAINING

LAST NAME | FIRST NAME | MI/FORMER NAME

HOME NUMBER AND STREET | HOME CITY

STATE | ZIP CODE | CELL

❍ Male ❍ Female

MCOLES # | DEPARTMENT/AGENCY | DATE OF BIRTH | LAST 4 OF SSN

EMAIL ADDRESS

| SECTION No. | CESP No. | COURSE TITLE | |
|---|---|---|---|
| 729302 | 0063 | EVO Instructor Course | AMT: $ 750.00 |
| | | | TOTAL $ 750.00 |

**Company paid tuition:**

Co. Name _____

Co. Address _____

_____

Billing Contact Person _____

Billing Email _____

**Department Contact info :**

Name _____

Phone Number _____

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

Schoolcraft College