



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 _____ AMT: \$ _____

TOTAL \$ _____

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

