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	
7 2 9 3 0 7	0 5 8 3	PPCT / DT Instructor Course	AMT: $ 5 7 5 . 0 0
			TOTAL $ 5 7 5 . 0 0

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