



LAW ENFORCEMENT IN-SERVICE TRAINING

LAST NAME										FIRST NAME										MI/FORMER NAME																			
HOME NUMBER AND STREET																				HOME CITY																			
STATE		ZIP CODE				CELL				☐ Male ☐ Female																													
N A MCOLES #				DEPARTMENT/AGENCY																DATE OF BIRTH				LAST 4 OF SSN															
EMAIL ADDRESS																																							

SECTION No.

CESP No.

COURSE TITLE

7	1	9	3	0	3	0	3	3	1	Police Reserve Officer Training	AMT: \$	7	5	0	.	0	0
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TOTAL \$	7	5	0	.	0	0
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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**