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	
729305	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