

# **CONSTABLE/DEPUTY CONSTABLE REGISTRATION FORM**

Please complete and mail or FAX this form to the address below.

**BUREAU OF TRAINING SERVICES-CONSTABLES' PROGRAM  
PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY  
P.O. BOX 1167  
HARRISBURG, PENNSYLVANIA 17108-1167  
FAX: (717) 783-7140**

**IMPORTANT: YOU MUST INCLUDE PROOF OF YOUR STATUS AS A CONSTABLE OR DEPUTY CONSTABLE IN THE FORM OF AN ELECTION CERTIFICATE OR AN APPOINTMENT ORDER SIGNED BY THE PRESIDENT JUDGE OF YOUR COUNTY COURT OF COMMON PLEAS. FAILURE TO PROVIDE THIS ESSENTIAL DOCUMENTATION WILL DELAY COMPLETION OF YOUR PCCD REGISTRATION. YOU WILL NOT BE ABLE TO ENROLL IN ANY ACT 2009-49 CONSTABLE TRAINING CLASS UNTIL PCCD REGISTRATION HAS BEEN COMPLETED. PROSPECTIVE ACT 49 STUDENTS MUST PROVE THEY HOLD THE OFFICE OF CONSTABLE OR DEPUTY CONSTABLE BEFORE THEY ARE PERMITTED TO ENROLL IN CONSTABLE TRAINING.**

NAME: \_\_\_\_\_  
Last First MI

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
**Please Include 4-Digit Zip Code Suffix** \_\_\_\_\_  
\_\_\_\_\_

COUNTY: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATIVE TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I AM A ☐ CONSTABLE ☐ DEPUTY CONSTABLE

## **FOR CONSTABLES AND DEPUTY CONSTABLES:**

DATE YOU BEGAN CURRENT TERM OF OFFICE: \_\_\_\_\_

EXPIRATION DATE OF YOUR CURRENT TERM: \_\_\_\_\_

## **FOR DEPUTY CONSTABLES:**

NAME OF CONSTABLE WHO APPOINTED YOU:

\_\_\_\_\_ Last First MI

APPOINTING CONSTABLE'S CERTIFICATION NUMBER: \_\_\_\_\_

The Program will require the Appointing Constable's election or appointment paperwork if not currently on file.