

PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY
CONSTABLES' EDUCATION AND TRAINING BOARD



Enrollment Transfer Form
Act 49 Constables Training Courses

PLEASE NOTE: Print completed form, sign and date it, and EMAIL or MAIL DIRECTLY to the APPROPRIATE TRAINING DELIVERY CONTRACTOR. DO NOT SEND TO PCCD. ** ONLY USE THIS FORM TO REQUEST AN ENROLLMENT TRANSFER

TRAINING CLASS TYPE: _____

(i.e. Basic, Continuing Education, Firearms (Basic or Annual))

CURRENT ENROLLMENT CLASS ID
NUMBER:

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LOCATION: _____

TRANSFER ENROLLMENT TO CLASS
ID NUMBER:

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LOCATION: _____

NAME:

Last

First

MI

CERTIFICATION NUMBER:

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COUNTY: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS FAX NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT'S UNDERSTANDING AND SIGNATURE: I am, as of this date, an active Constable or Deputy Constable and eligible to take this training. Further, I will inform the training school of any changes in my status as a Constable or Deputy Constable that may occur between now and the conclusion of the training program for which I am now registering. By signing my name below, I am stating that the information given on this enrollment form and the above affirmation is true and correct to the best of my knowledge.

Signature of Applicant

Date