

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



## Training Enrollment Form 80-HOUR BASIC TRAINING

**PLEASE NOTE: Print completed form, sign and date it, and FAX, EMAIL or MAIL DIRECTLY to the PCCD AT FAX: 717-783-7140; EMAIL: [TRABEAVER@PA.GOV](mailto:TRABEAVER@PA.GOV); MAIL: BUREAU OF TRAINING SERVICES, PO BOX 1167, HARRISBURG, PA 17108-1167. PAYMENT MUST BE SUBMITTED BEFORE YOU WILL BE ENROLLED INTO CLASS.**

80-HOUR BASIC TRAINING (BT)

FIRST CHOICE CLASS ID NUMBER:

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LOCATION:

Dixon University Center, 2986 N. 2<sup>nd</sup> Street, Harrisburg, PA

NAME:

Last

First

MI

MAILING ADDRESS:

COUNTY:

DATE OF BIRTH:

BUSINESS TELEPHONE:

BUSINESS FAX NUMBER:

EMAIL ADDRESS:

### *APPLICANT'S UNDERSTANDING AND SIGNATURE*

*By signing my name below, I am stating that the information given on this enrollment form is true and correct to the best of my knowledge.*

**Signature of Applicant**

**Date**