

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	<input type="checkbox"/> CONSTABLE	<input type="checkbox"/> DEPUTY CONSTABLE
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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 _____

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