

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 FAX or MAIL DIRECTLY to the APPROPRIATE TRAINING DELIVERY CONTRACTOR. DO NOT SEND OR FAX 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**