

Department of Homeland Security
 Federal Law Enforcement Training Center
 Cheltenham, Maryland
Training America's Finest

NON-PARTNER ORGANIZATION TRAINING REGISTRATION REQUEST

PROGRAM TITLE (required)

DATES OF TRAINING (required)

LOCATION OF TRAINING (required)

NAME (as you want it to appear on certificate)

SOCIAL SECURITY NUMBER

RANK / TITLE

SEX

MALE FEMALE

DEPARTMENT / AGENCY NAME

AGENCY TYPE

Federal State Local Other

DEPARTMENT ADDRESS (Street, PO Box, City, State, Zip Code):

OFFICE TELEPHONE NUMBER

FAX TELEPHONE NUMBER

E-MAIL

RETURN THIS FORM TO:

Federal Law Enforcement Training Center
 9000 Commo Road
 Cheltenham, Maryland 20623-5000
 Phone: (301) 868-5830
 Fax: (301) 877-8521

Financial Reimbursement (This block **MUST** be completed for tuition-based programs):

The _____ agrees to reimburse the FLETC for training services provided. The FLETC will bill for the actual cost of training during the month after the program is completed. Please provide the following billing information:

Dept. / Agency Name: _____

Mailing Address: _____

Street / PO Box: _____

City, State, Zip: _____

Federal ID Number: _____

Contact Person: _____

Telephone: _____

Fax: _____

Authorized
 Signature: _____
 (Procurement or
 Financial Manager)

IMPORTANT INFORMATION:

Confirmation: A confirmation letter with details of the training will be provided upon acceptance into the program. This form is used to REQUEST registration. Before making travel arrangements, please ensure you are actually registered in the program. Please do not remit payment, if applicable. Your agency will be billed upon program completion for any program costs.
Private Organization: Applicants from private organizations must be sponsored by a federal agency or a state or local law enforcement agency.

PRIVACY ACT INFORMATION:

Authority: 42 U.S.C. 4742; 5 U.S.C. 552; and F.R. 16586, March 12, 1981.
Purpose: Obtaining information from individuals applying to the FLETC Cheltenham training program for student registration and program administration purposes. Uses: Disclosure upon request to the individual, the individual's parent agency, to any other individual or agency at the request of the individual, to the student locator, mailroom, registration office, training and research officials, and government officials on a need-to-know basis.
Effect of Nondisclosure: Supplying the information is voluntary and not required by law. Disclosure of your social security number, which is solicited under authority of E.O. 9397, is voluntary, and no right, benefit or privilege by law will be denied as a result of refusal to disclose it. Not providing all or any part of the information may result in the applicant not being registered for the requested program.