

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

NON-PARTNER ORGANIZATION TRAINING REGISTRATION REQUEST

CLASS NAME or PROGRAM TITLE (Required)

DATE(S) 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, P.O. 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 20588-4000
Phone: (301) 868-5830
Fax: (301) 877-8521

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.

*For multiple names, may attach roster / list of names with social security numbers.

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 / P.O. Box: _____

City, State, Zip: _____

Federal ID Number: _____

Contact Person: _____

E-mail: _____

Telephone: _____

Fax: _____

Authorized Signature:
(Procurement or
Financial Manager)

Printed Name: _____

(Rev. 11/14/08)