

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

**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: \_\_\_\_\_

**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.

**FEDERAL LAW ENFORCEMENT TRAINING CENTER  
CHELTENHAM, MARYLAND**

**TACTICAL TRAINING POLICY**

1. Live-fire weapons are prohibited from use in any training venue outside the Firearms Division Range Complex (Building 5). All weapons used in non-lethal training will be dedicated non-lethal weapons that cannot be used as live-fire weapons.
2. A dedicated safety/security officer will be assigned to physically inspect all weapons prior to the start of the exercise. The safety/security officer will control entry and egress of the assigned training area.
3. Live-fire weapons are not to be carried into the Sim City and the firearm simulator areas. Weapons will be secured in the weapon lockers provided at the entrances to those areas. Other areas may, from time-to-time, be temporarily declared as "firearms prohibited zones" as required for safety involving special events/training.
4. Immediately react to, and follow the commands given by instructors. The command, "**Out of role,**" and/or a whistle will stop all action in scenario-based training.
5. Participants will wear all safety equipment appropriate to the training activity.
6. The use of "flash-bangs" or other similar explosive devices are prohibited.
7. The use of jam-spreaders, rams, or similar entry devices are prohibited.
8. All training will be confined to the specific area(s) you are scheduled. Officers/Agents in training should not stray into adjacent training venues, or interfere with another agency's training.
9. All training must be scheduled, in advance, with the FLETC scheduling office, (301) 877-8515 or 8516. If your agency must cancel a scheduled training event, please call the same number at the earliest possible time.
10. All training accidents will be reported to the FLETC staff. Call 9-911 in an emergency. FLETC Security can be reached on (301) 877-8400. Please report any inoperative, missing, or damaged property to the FLETC Trouble Desk on (301) 877-8531.

**ACKNOWLEDGMENT, RELEASE AND HOLD HARMLESS AGREEMENT  
FOR USE OF  
FEDERAL LAW ENFORCEMENT TRAINING CENTER FACILITIES**

*(This form must be completed ONLY by State and Local Agencies —  
Federal Agencies ARE NOT required to submit this form.)*

In order to use the training facilities at the Federal Law Enforcement Training Center (FLETC), Cheltenham, Maryland the AGENCY\* agrees and understands that, **IT VOLUNTARILY AND WILLINGLY ASSUMES THE RISK OF PERSONAL INJURY AND LOSS OF PROPERTY THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN SUCH TRAINING.**

The AGENCY\* agrees to indemnify, defend and hold harmless the United States, the FLETC, their officers, agents, employees, affiliates, successors and assigns from and against any and all losses, liabilities, damages, claims, fines, causes of action deficiencies, costs and expenses (including reasonable attorneys' fees and other litigation expenses) based upon, arising out of or otherwise related to such training.

The AGENCY\* also agrees to release the United States and the FLETC from any and all liabilities, damages, claims, fines, causes of action, including but not limited to negligence, gross negligence, deficiencies, costs and expenses based upon, arising out of or otherwise related to the AGENCY'S\* participation in such training, including but not limited to the loss of any property the AGENCY\* may use or bring to the training.

**AGENCY NAME\*:** \_\_\_\_\_

**AGREED TO:** \_\_\_\_\_  
Date

**PRINTED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

\_\_\_\_\_  
Signature

**State and Local agencies should mail or hand carry completed form with original signature to:**

ATTN: Scheduling Office  
Federal Law Enforcement Training Center  
Building 50, 9000 Commo Road  
Cheltenham, MD 20588-4000