

DEPARTMENT OF HOMELAND SECURITY
FEDERAL LAW ENFORCEMENT TRAINING CENTER
TRAINING REGISTRATION REQUEST

FLETC Program Title (required)			
Dates of Training		Location of Training (required)	
Full Name (required)		Rank/Title	
Social Security Number (required)		Date of Birth: (required)	Sex (required) Male Female
Department Address			
Department/Agency Name: _____			
Street: _____ P.O. Box: _____			
City: _____ County: _____ State: _____ Zip Code: _____			
Office Telephone Number:		Student's E - Mail: (required)	
		Supervisor's E - Mail:	
Agency Type <div style="display: flex; justify-content: space-between; padding: 0 10px;"> State Local Tribal Campus Police Federal DHS Federal Non-DHS Other _____ </div>			
Number of sworn law enforcement officers in your department? 1 - 24 24 - 49 50 - 249 250 +		US Citizen: Yes No If Not, Passport #	
<p style="text-align: center;">IMPORTANT INFORMATION</p> <p><u>To apply for training</u>, please use the submit button at the bottom of the form. If this fails, please email the registration request to: stateandlocaltraining@dhs.gov.</p> <p><u>Confirmation:</u> 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 have actually been accepted into the program. Please do not remit payment, if applicable. Your agency will be billed upon program completion for any program costs.</p>		<p>Financial Reimbursement (This block MUST be completed)</p> <p>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:</p> <p>Dept./Agency Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Federal ID Number: _____</p> <p>Contact Person: _____</p> <p>Email Address: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Authorized Signature: _____ (Supervisor or Financial Manager)</p>	
<p style="text-align: center;"><u>Privacy Act Statement</u></p> <p>Authority — This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.</p> <p>Purposes and Uses — The primary purpose is for use in the administration of Federal Law Enforcement Training Center programs to document the completion of training. This information becomes a part of your student training record and is used to determine the success of participants in training programs. Additional information concerning routine uses are published in the System of Records Notice DHS/ALL-003 Department of Homeland Security General Training Records (71 FR 26767 May 8, 2006).</p> <p>Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b) — Solicitation of SSNs is authorized under provisions of the Executive Order 9397, as amended. Your SSN will be used primarily to give you recognition for completing the training and to accumulate training statistical data and information. The use of SSNs is necessary because of the large number of Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.</p> <p>Effects and Nondisclosure — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have completed.</p>			