

**Department of Homeland Security
Federal Law Enforcement Training Center
Counterterrorism Division
“We train those who protect our homeland”**

FEDERAL, STATE AND LOCAL 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
(see attached privacy act statement)

RANK/TITLE

SEX

☐ Male ☐ Female

DEPARTMENT ADDRESS

Department/Agency Name _____

Street: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

OFFICE TELEPHONE NUMBER

FAX TELEPHONE NUMBER

E-MAIL

() _____ - _____

() _____ - _____

AGENCY TYPE

☐ State ☐ Local ☐ Tribal ☐ Campus Police ☐ Federal DHS ☐ Federal Non-DHS ☐ Other _____

Number of Sworn Law Enforcement Officers in your Department?

☐ 1-24 ☐ 25-49 ☐ 50-249 ☐ 250 +**RETURN THIS FORM TO:**

Federal Law Enforcement Training Center
Counterterrorism Division
Program Specialist Advance Programs
1131 Chapel Crossing Road
Townhouse 391, Glynco, GA 31524
Phone: 912-267-2539 Fax: (912) 267-3144
Email: Fletc-CounterterrorismDivision@dhs.gov

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 state, local, or federal law enforcement agency.

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: _____

City, State, Zip Code: _____

Federal ID Number: _____

Contact Person: _____

Telephone: _____

Fax: _____

Authorized Signature: _____
(Supervisor or Financial Manager)

Privacy Act Statement

Authority

The authority to collect the information is derived from the Government Employees Training Act, 5 USC 4101-4118 as implemented by Executive Order 11348 of April 20, 1969 and Reorganizing Plan No. 26 of 1950 and the Treasury Department Order No. 140-01 (Federal Law Enforcement Training Center), and Memorandum of Understanding for the Sponsorship and Operation of the Consolidated Federal Law Enforcement Training Center.

Purpose and Uses

The information you supply will be used to assist the government in retrieving information documenting your training. If you furnish none of the information requested, your attendance in training will be immediately terminated. These records and information in the records may be used to: (1) disclose pertinent information to appropriate Federal, state, local or foreign agencies responsible for investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, or license, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation; (2) disclose information to a Federal, State, or local agency, maintaining civil, criminal or other relevant enforcement information or other pertinent information, which has requested information relevant to or necessary to the requesting agency's or the bureau's hiring or retention of an individual, or issuance of a security clearance, license, contract, grant, or other benefit; (3) disclose information to a court, magistrate, or administrative tribunal in the course of presenting evidence. Other routine uses can be found in FLETC Privacy Act System of Records Notice FLETC .002 – *FLETC Trainee Records*.

Effects of Nondisclosure

If you furnish only part of the information required, an attempt will be made to maintain and process your records. If the information withheld is found to be essential to effectively maintaining and processing your records, you will be so informed, and your training will terminate unless you supply the missing information.

Disclosure of your Social Security Number (SSN)

Disclosure by you of your Social Security Number (SSN) is not mandatory. Solicitation of the SSN is authorized under the provisions of Executive Order 9397 dated November 23, 1943. The SSN will be used only as necessary in connection with retrieving your records. The use of the SSN is made necessary because of the large number of present and former students who attend or have attended Center Programs, and who potentially may have identical names and birth dates and whose identities can only be distinguished by the SSN.