

Financial Fraud Institute
Investigative Operations Division
Federal Law Enforcement Training Center
Department of Homeland Security
Training Those Who Protect Our Homeland
Export Training Program Registration

Select Program Name from Drop-Down Menu		Course Number	<input type="text"/>
Program Name	<input type="text"/>	Program Dates	<input type="text"/>
Training Location	<input type="text"/>		
Name	<input type="text"/>	<input type="radio"/> Male	
		<input type="radio"/> Female	
(Last Name, First Name, MI)	Agency Type:	<input type="radio"/> Federal	<input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Other
Department/Agency Name	<input type="text"/>		
Department Address:	<input type="text"/>		
Street Address	<input type="text"/>		
Suite	<input type="text"/>	P.O. Box	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>	ZIP Code	<input type="text"/>
Email	<input type="text"/>		
Office Phone	<input type="text"/>	Office Fax	<input type="text"/>

Confirmation will be sent to this email address.

Important Information:

Confirmation: A confirmation e-mail with details of the training will be forwarded to the registrant's e-mail address (included on this form) upon acceptance into the program. ***This form is used to request registration, but does not guarantee acceptance into the program. Before attending training or making travel arrangements, please assure registration in the program. Do not remit tuition payment with registration request. Your agency will be billed for program costs after completion of training.***

Privacy Act Information:

Authority: Title 42, U.S.C. 4742; Title 5, U.S.C. 552; F.R.16586 (March 12, 1981).

Purpose: Obtaining information from individuals applying for enrollment to a FLETC training program; used for student registration and program administration purposes.

Uses: Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis

Effect of Nondisclosure: Supplying the information is voluntary and is 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 refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.

Important - Financial Reimbursement Form Must be Faxed Before Registration will be processed.

This registration will not be processed until a financial reimbursement form signed by an authorized official is received. Receipt of the registration form and financial reimbursement forms do not guarantee acceptance into the program, but the registration will not be processed until both are received.

RETURN THIS FORM BY FAX TO:
(912) 267-2500

Financial Fraud Institute, IOD, FLETC,
1131 Chapel Crossing Road, Bldg. 381,
Glynco, GA 31524
Phone: (912) 267-3166 FAX: (912) 267-2500

This Form Cannot Be Filed Electronically

**This form is for export programs only.
It is not to be used for programs at the Glynco,
Charleston, Cheltenham or Artesia Campuses.
International Students must call (912) 267-2185 to
register.**