

San Juan County Criminal Justice Training Authority
ADVANCED TRAINING APPLICATION

Sections with an asterisk (*) must be filled in for processing.
Phone(505) 566-3547, FAX (505) 566-3668

*Student Name: _____ Rank: _____
Last Name First Middle Maiden

*Soc. Sec. No.: _____ Certification#: _____ *Date of Birth: _____

*Department: _____ *Dept. Phone#: _____

Contact Name: _____ Dept. Fax #: _____

*Mailing Address: _____
Street or P.O. Box City State Zip

*Billing Address: _____
(if different than above) Street or P.O. Box City State Zip

COURSE REQUESTED: _____

LOCATION: _____ DATE(S): _____
(1ST Choice)

TUITION/FEE(S): _____
(2ND Choice)

PAYMENT: Bill to Above Address Enclosed CJTA Member Agency

CHECK CATEGORY

LAW ENFORCEMENT:

Certified and Commissioned NM Officer
Commissioned Non-certified NM Officer
(with less than 12 months in service)
Police Radio Dispatcher
Detention Officers

OTHER LAW ENFORCEMENT:

Federal/Military
Reserve/Auxiliary/Mounted Patrol
Tribal Officer (non-certified with more
than 12 months in service).
Other: _____

CIVILIAN:

Fire Service
EMS
Industry
Private Security
Other: _____

THE FOLLOWING IS TO BE COMPLETED BY AGENCY SUPERVISOR.

NOTE: All signatures must follow to process application.

I hereby certify that the applicant is a member in good standing with my department and attendance at the requested training program is authorized.

*Agency Head: _____
(Print or Type)

*Signature: _____ Date: _____

*Student Signature: _____ Date: _____

(For Official Use Only)

TUITION RECEIVED: _____ ENTERED: _____ PAID BY: Check M.O. P.O.