

# 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)

\*Email Address: \_\_\_\_\_

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

TUITION/FEE(S): \_\_\_\_\_  
(1ST Choice) (2ND Choice)

PAYMENT: Bill to Above Address      Enclosed      CJTA Member Agency  
(Circle one option)

## 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: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
(Print or Type) Date: \_\_\_\_\_

(For Official Use Only)

TUITION RECEIVED: \_\_\_\_\_ ENTERED: \_\_\_\_\_ PAID BY: Check M.O. P.O