



Montana Executive Leadership Institute

Sponsored through the Montana Association of Chiefs of Police

P.O. Box 275 ♦ Great Falls, MT 59403 ♦ (406) 454-9091 ♦ info@macop.com

Agency Information

Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

Training Coordinator/Supervisor Contact Name _____

Phone _____ E-mail _____

Submit Invoice (if different from above) to _____

Registration Fee: \$850.00

Submit Application to: info@macop.com

Applicant Name

Name (First, MI, Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Work E-mail _____

Male Female

Available Accommodations for On-site Professional Courses Only:

Full Meal Plan (\$28 day): Y N Lunch only Plan (\$10 day): Y N Lodging Request (\$25 night): Y N

Special Dietary Needs: Y N If yes, explain: _____

Be advised that your agency will be billed for the meal and lodging plan indicated on the application unless MACOP is notified 10 days prior to the start of class.

I hereby certify and attest that the person mentioned herein as "Applicant" is a full-time or part-time employee and compensated public safety officer as defined in 44-4-401, MCA and has met all minimum qualifications for employment as dictated in 7-32-303, MCA for law enforcement officers or 23.13.201 of the Administrative Rules of Montana for all other public safety officers.

Administrator Signature _____ Date _____

I hereby certify and attest that I, the person mentioned herein as "Applicant" am a full-time or part-time employee and compensated public safety officer as defined in 44-4-401, MCA and have met all the minimum qualifications for employment as dictated in 7-32-303, MCA for law enforcement officers or 23.13.201 of the Administrative Rules of Montana for all other public safety officers.

Applicant Signature _____ Date _____

Application must be received by MACOP 15 days prior to the start of the course!