Montana Law Enforcement Academy

Professional Programs Course Application

2260 Sierra Road East • Helena, MT 59602 • Phone (406) 444-9950



Course Requested		
Date of Training	Location of Training	
Agency Information		
Agency Name		
Mailing Address		
City	_ State	_Zip
Training Coordinator/Supervisor Contact Name		
Phone	_ E-mail	
Applicant Information		
Name (First, MI, Last)		
Mailing Address		
City	_ State	_Zip
Phone	_ Work E-mail	
Male Female Date of Birt	h//	Date of Hire//
On-site Professional Courses Only		
Available Accommodations: Lodging Request (\$15 night) Y N Full	Meal Plan (\$14 day) Y	N
Special Dietary Needs Y N If yes, exp	lain:	
Be advised that your agency will be billed application unless MLEA is notified 10 da I hereby certify and attest that the person mentioned her public safety officer as defined in 44-4-401, MCA and ha MCA for law enforcement officers or 23.13.201 of the Action of the	ys prior to the start of ein as "Applicant" is a full-time s met all the minimum qualifica	or part-time employee and compensated ations for employment as dictated in 7-32-303
Administrator Signature		Date
I hereby certify and attest that I, the person mentioned h public safety officer as defined in 44-4-401, MCA and ha MCA for law enforcement officers or 23.13.201 of the AcApplicant Signature	ve met all the minimum qualific Iministrative Rules of Montana	cations for employment as dictated in 7-32-303 for all other public safety officers.

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