



Montana Law Enforcement Academy Professional Programs Course Application

2260 Sierra Road East, Helena, Montana 59602
Phone: 406.444.9950 Fax: 406.444.9977

Course Applied To _____

Date(s) of Training _____ Location of Training _____

Agency Information

Agency Name _____

Agency Mailing Address _____

Address City State Zip

Training Coordinator/Supervisor Name _____

Supervisor's Phone _____ Supervisor's Email _____

Applicant Information

Name (First, MI, Last) _____

Mailing Address _____

Address City State Zip

Applicant's Phone _____ Applicant's Email _____

Gender Male Female **Status** Sworn Reserve Officer/Deputy Civilian

For On-Site Professional Programs Held at MLEA

Lodging Request \$6.40 per night Y N Full Meal Plan (\$14.00 per day) Y N

Any special dietary needs? Y N If yes, explain: _____

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

I hereby approve this training request. If this course is intended for sworn law enforcement only, I attest that the applicant meets all the requirements under MCA 44-4-401 and has met the minimum qualifications as dictated in MCA 7-32-303 and ARM 23.13.201.

Supervisor's Signature _____ Date _____

If this course is intended for sworn law enforcement only, I attest that I meet all the requirements under MCA 44-4-401 and have met the minimum qualifications as dictated in MCA 7-32-303 and ARM 23.13.201. I also agree to abide by the rules in the MLEA Student manual regarding student conduct while participating in courses of or residing on the MLEA campus.

Applicant Signature _____ Date _____