



Montana Law Enforcement Academy

Basic Course Application

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

Course Requested _____

Date of Training _____ Location of Training MLEA

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 _____

Cell Phone _____ Personal E-Mail _____

Male _____ Female _____ Date of Birth / / Date of Hire / /
MM DD YY MM DD YY

T-Shirt Size (Please check) –

(T-Shirts are 50/50 cotton and polyester) Small Medium Large X-Large XX-Large XXX-Large XXXX-Large

Note: All Basic Courses include lodging and a full meal plan.

I hereby certify and attest that the person mentioned herein as "Applicant" is a full-time or part-time employee and is a compensated public safety officer as defined in 44-4-401, MCA and has 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, and I certify that the Applicant will be compensated at their standard rate of pay while attending the basic academy as defined by 44-10-302 MCA.

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 am a 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, and I certify that I am being compensated at my standard rate of pay while attending the basic academy as defined by 44-10-302 MCA.

Applicant Signature _____ Date _____

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