



## 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 \$15.00 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 \_\_\_\_\_