

# INITIAL ENROLLMENT FORM

## PART-TIME ILLINOIS LAW ENFORCEMENT OFFICER BASIC TRAINING

Part-Time Law Enforcement Officer's Name: \_\_\_\_\_

Name and Address of Law Enforcement Agency Employed by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Team Unit Number (see attached MTU map): \_\_\_\_\_

Is your Law Enforcement Agency a paid member of the above Mobile Team Unit YES NO (Circle one)

If you have not submitted the Board's required Form E(employment form) on this Part-Time Law Enforcement Officer, you MUST attach a completed form with this enrollment request.

I certify and authorize this part-time officer who is sworn and employed by this Illinois law enforcement agency to enroll in the Board's approved Part-Time Law Enforcement Officers Basic Training course.

The above named Officer has been subjected to a criminal and character background investigation, including the use of fingerprint cards processed through the Illinois Department of State Police and the Federal Bureau of Investigation and such investigation has revealed no felony conviction or crime involving moral turpitude (attach any arrest record). Moreover, the investigation has verified that the Officer is of good character.

\_\_\_\_\_  
Chief Administrator of the Agency

\_\_\_\_\_  
Date

\*NOTE: In reviewing this enrollment request, the Board reserves the right, and may in fact, request additional information.

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**Return completed enrollment form to:**

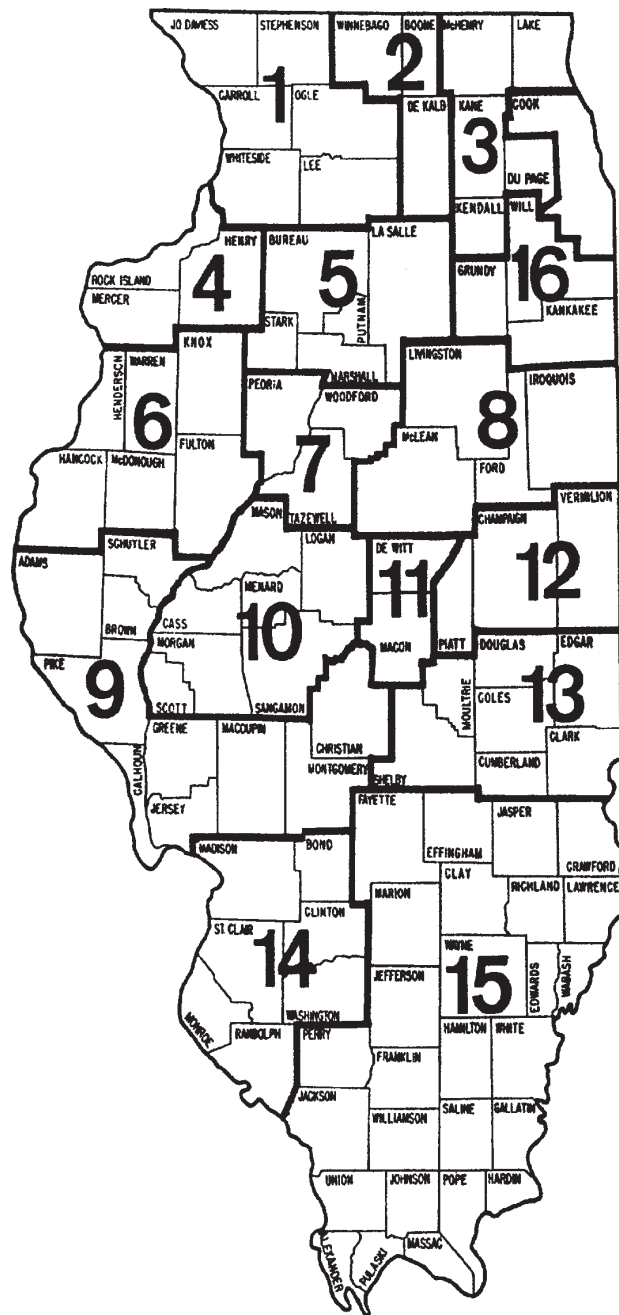
Illinois Law Enforcement Training and Standards Board  
4500 South 6th St Road, Room 173  
Springfield, Illinois 62703-6617

*Please photocopy this form if you have more than one officer that needs training.*

# A Statewide System of In-Service Training

## Illinois Law Enforcement Training and Standards Board

Kevin T. McClain, Executive Director  
Pat Quinn, Governor



*ASSIST  
GUIDE*