# ANGELINA COLLEGE POLICE ACADEMY

**Registration Application (Please Print, must include PID and SS#)**

Name:_____
(Last) (First) (Middle Int.)

☐ Male ☐ Female Ethnic Origin _____ DOB _____
(mm/dd/yyyy)

Address _____

City _____ State ____ Zip _____ Home Phone (____) _____

SSN _____ DL# _____ State ____ Expires _____

Employer _____PID#_____ Work Phone (____) _____

(1) Peace Officer & Reserves ___ (3) Licensed Telecommunicators ___ (4) Elected Official ___
(5) County & Contract Jailers ___ (6) Civilians not licensed by TCLEOSE ___

Course Title _____ Course # _____ Credit Hours _____

Location of training _____ Beg. Date _____

Instructor _____ Course Tuition _____ Date pd _____

Method of payment: ___Cash ___ Check# _____ Credit Card # _____

Expiration date _____ Card Type: MC ( ) Visa ( ) Discover ( )

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## If your department is funding this training please complete the following:

**(MUST HAVE 3RD PARTY BILLING AGREEMENT WITH AC BUSINESS OFFICE)**

Agency Name _____

Billing Address _____City_____ ST _____ Zip _____

**Name of individual authorized to approve expenditure**:

_____
(**Printed Name and Rank**) (**Signature**) (**Date**)

***Instructions for use of this form:***

1. Fill out **ALL BLANKS** on form.
2. If agency is paying for training, have an authorized individual PRINT, SIGN and DATE the bottom of the Registration form – MUST have 3rd party agreement with AC Business Office
3. **FAX Form to the POLICE ACADEMY at 936-633-5478 or mail with payment to:**
**Angelina College Police Academy**

**P.O. Box 1768  Lufkin, TX  75902**