

## **INSTITUTE FOR LAW ENFORCEMENT &** PROTECTIVE SERVICES EXCELLENCE

200 Technology Way | College Station, TX 77845-3424 P.O. Box 40006 | College Station, TX 77842-4006

www.teex.org

## Participant Registration Form- Unexploded Ordinance Tech 1 Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

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UXO 200 Ordinance Removal & Remediation Technician 1 Course Date(s):																
PARTICIPANT INFORMATION  *Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).																
Last Name: First Name:									: P					dle Initial:	Suffix:	
Date of Birth:		TEEX ID #:				OR	Last 4 of SSN#:					OR	OR FEMA SID #:			
U.S. Citizen?	Yes		No		Veteran		Yes		No		TCFP F	CFP FIDO #:				
Boonie Hat Size:	7		7.25		7.5			7.75		T-Sh	irt Size:					
Email: Phone Number:																
TCOLE (TEXAS COMMISSION ON LAW ENFORCEMENT) - TEXAS PARTICIPANTS ONLY ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.  TCOLE PID#:																
EMPLOYER INFORMATION																
Self Employed Y	'es	No	)	If <b>YES</b> , provide only your personal information If <b>NO</b>								, provide employer information below				
Employer Name:									Employer Point of Contact:							
Mailing Address:																
City:									State:				Z	Zip Code:		
Email Address:									Phone #:					Fax #:		
Preferred Mailing	g Addres	ss (if d	ifferent	than	above)	:										
City:									State:				Z	Zip Code:		
"I accept the	<u>Partici</u>	pant P	<u>olicies</u> i	ncludii	ng, but	not	t limite	ed to, 1	ransfei	r, Cand	cellation,	and	Rele	ase of Liability."		
I have read and u	ndersta	nd the	Partic	ipant F	Policies	s pro	ovided	l in the	link al	oove.						
Student Signatur	Student Signature:												Da	Date:		