

Participant Registration Form

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

Online Course Number:				Face-To-Face Course Number and Date(s):							
PARTICIPANT INFORMATION											
*Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).											
Last Name:				First Name:				Middle Initial:		Suffix:	
Date of Birth:		TEEX ID #:		OR		Last 4 of SSN#:		OR		FEMA SID #:	
U.S. Citizen?	Yes	No	TCFP FIDO #:				Veteran?	Yes	No		
Participant Email:						Phone Number:					
Participant Mailing Address:											
City:				State:				Zip Code:			

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 / AGENCY INFORMATION

Self Employed?	Yes	No	If Yes , Leave the section below blank				If No , provide your employer or agency information below				
Employer/Agency Name:						Employer/Agency Point of Contact:					
Mailing Address:											
City:				State:				Zip Code:			
Email Address:						Phone #:			Fax #:		

"I accept the [Participant Policies](#) including, but not limited to, Transfer, Cancellation, and Release of Liability."

I have read and understand the Participant Policies provided in the link above.

Signature:							Date:				
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ILEPSE USE ONLY

e-token#:		Date issued:			Score:			Date:	
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