

Participant Registration Form- Explosives Program

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

EOT 501		UXO 203		UXO 205		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:			Middle Initial:	Suffix:
Date of Birth:		TEEX ID #:		OR	Last 4 of SSN#:		OR FEMA SID #:
U.S. Citizen?	Yes	No	Veteran?	Yes	No	TCFP FIDO #	T-Shirt Size:
Email:					Phone Number:		
TCOLE (TEXAS COMMISSION ON LAW ENFORCEMENT) - TEXAS PARTICIPANTS ONLY						TCOLE PID#:	
ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.							
EMPLOYER / AGENCY INFORMATION							
Agency Name:				Agency Point of Contact:			
Mailing Address:							
City:				State:		Zip Code:	
Email Address:				Phone #:		Fax #:	
Preferred Mailing Address (if different than above):							
City:				State:		Zip Code:	
<i>"I accept the Participant Policies including, but not limited to, Transfer, Cancellation, and Release of Liability."</i>							
I have read and understand the Participant Policies provided in the link above.							
Student Signature:						Date:	