

## Participant Registration Form – Unexploded Ordnance Technician Level 1

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

UXO 200 Unexploded Ordnance Technician Level 1		Course Dates:	
<b>PARTICIPANT INFORMATION</b>			
*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 <input type="checkbox"/> No <input type="checkbox"/>	Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	TCFP FIDO #:	
Boonie Hat Size: 7 <input type="checkbox"/> 7.25 <input type="checkbox"/> 7.5 <input type="checkbox"/> 7.75 <input type="checkbox"/>	T-Shirt Size:		
Mailing Address:			
City:		State:	Zip Code:
Email:		Phone Number:	
<b>TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE) – TEXAS PARTICIPANTS ONLY</b>			TCOLE PID #:
ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.			
<b>EMPLOYER INFORMATION</b>			
Unemployed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If <b>NO</b> , provide employer information below.	
Employer Name:		Employer Point of Contact:	
Employer 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.**

Student Signature:	Date:
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