

Participant Registration Form - Licensing Courses

YOUR NAME WILL APPEAR ON YOUR CERTIFICATE AS LISTED BELOW. PLEASE USE YOUR LEGAL NAME AND TYPE OR PRINT CLEARLY.

Basic County Corrections (LET305 & LET306)	Public Safety Telecommunicator (LET543)	Basic Jail Certification for Texas Peace Officers (LET309)
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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
Email:						Phone Number:					

TCOLE (TEXAS COMMISSION ON LAW ENFORCEMENT) PID REQUIRED TO COMPLETE REGISTRATION ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.	TCOLE PID#:
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AGENCY INFORMATION

Agency Name:		
Agency Mailing Address:		
City:	State:	Zip Code:

SUPERVISOR'S INFORMATION

Supervisor's Name:	Supervisor's Title:
Supervisor's Email:	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:	Receipt/Invoice #:
PUBLIC SAFETY TELECOMMUNICATOR ONLY		
CPR Certificate/Card Received?	Yes	No
Issue date:	Expiration date:	
Confirmed by:	*Expiration date is 2 years after the issue date.	