Lake County Sheriff's Office
TRAINING UNIT

Application Form

GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name: (Last) (First) (Middle)

Title/Rank:	Applicant's Personnel Number:	Male		
		Female		

Primary Duty Assignment:	Agency:

Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address:

Agency Mailing Address: (Street Address or P.O. Box) (City) (State) (Zip Code)

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATIONF

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Dates:	

3. MEALS AND LODGING

Meals and Lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency.

4. MANDATORY: MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION

In determining eligibility of this applicant, the Lake County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course of training. **Comments**: _____

_____

_____

5. APPLICANT PRIORITY (MANDATORY)

If submitting more than one application for this course, check the priority of **THIS** applicant:

1		2		3		4	

6. TRAINING COORDINATOR E-MAIL ADDRESS (MANDATORY)

Confirmation is sent via email, please make sure this section is complete.

7. AUTHORIZATION

Agency Representative Authorizing Attendance:

For LCSO Use Only

_____ _____

NAME **TITLE**

_____ _____

SIGNATURE **DATE**

Return completed application form to: Lake County Sheriff's Office **Training Unit**, 106 4th Ave. East, Polson, MT 59860

Attention: Sgt. Glenn Miller. Applications may also be faxed to (406) 883-7305 or sent as an email attachment to lcso@lakemt.gov For more information regarding the application process, please call (406) 883-7301