



PRESERVICE TUITION APPLICATION FOR BASIC TRAINING
STATE FORM 46526



THIS INFORMATION MUST BE TYPEWRITTEN

DEPARTMENT INFORMATION PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

DEPARTMENT NAME	DEPARTMENT ID / TAX NUMBER	TELEPHONE NUMBER	FAX NUMBER	DATE	MM - DD - YY
ADDRESS	CITY	REGION	COUNTY	STATE	ZIP

APPLICANT INFORMATION IF APPLICANT HAS BEEN KNOWN BY MORE THAN TWO NAMES, LIST CURRENT LEGAL AND MAIDEN (OR BIRTH) NAMES.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	SOCIAL SECURITY NUMBER		
MAIDEN/OTHER NAME(S)	DOB	MM - DD - YY	SEX	M or F	NAME OF HIGH SCHOOL AND YEAR GRADUATED (OR OBTAINED GED)	
ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER		
IN CONSIDERATION FOR ADMISSION TO THE BASIC TRAINING PROCESS, I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ACADEMY TO WHICH I AM ASSIGNED FOR BASIC TRAINING AND UNDERSTAND THAT I MAY BE DISMISSED FROM THE ACADEMY FOR ANY VIOLATION OF THOSE RULES.				APPLICANT SIGNATURE	DATE	MM - DD - YY

VERIFICATION THIS SECTION MUST BE COMPLETED BY THE CHIEF EXECUTIVE OFFICER AND ALL ATTACHMENTS MUST BE STAPLED TO THIS FORM.

CHIEF EXECUTIVE OFFICER OF DEPARTMENT PLEASE VERIFY:

- A COPY OF THE APPLICANT'S HIGH SCHOOL DIPLOMA OR GED CERTIFICATE IS STAPLED TO THIS FORM.
- A COPY OF THE APPLICANT'S VALID DRIVER'S LICENSE IS STAPLED TO THIS FORM.
- A COPY OF THE APPLICANT'S VALID HANDGUN PERMIT IS STAPLED TO THIS FORM.
- PROOF THAT THE APPLICANT HAS VALID AUTOMOBILE INSURANCE COVERAGE IS STAPLED TO THIS FORM.
- PROOF THAT THE APPLICANT HAS VALID MAJOR MEDICAL INSURANCE COVERAGE IS STAPLED TO THIS FORM.
- THE APPLICANT HAS BEEN FINGERPRINTED AND A COMPLETE CRIMINAL RECORD SEARCH HAS BEEN MADE BY THIS DEPARTMENT AT THE LOCAL LEVEL, WITH THE INDIANA STATE POLICE AND FBI. NO FELONY RECORD WAS FOUND.
- THE RESULTS OF THE CRIMINAL RECORD SEARCH, BACKGROUND INVESTIGATION, AND A FINGERPRINT CARD OF THE APPLICANT ARE ON FILE WITH THIS DEPARTMENT, AVAILABLE FOR EXAMINATION BY THE LAW ENFORCEMENT TRAINING BOARD.
- AN ORIGINAL REPORT OF PHYSICAL EXAMINATION COMPLETED FOR THE APPLICANT WITHIN THE PAST SIX MONTHS (SEE 250 IAC 1-3-12) IS STAPLED TO THIS FORM.
- THE APPLICANT IS NOT A MEMBER OF THIS DEPARTMENT AND HAS NOT BEEN OFFERED EMPLOYMENT WITH THIS DEPARTMENT. THE APPLICANT DOES, HOWEVER, APPEAR TO POSSESS THE INTEGRITY AND OTHER CHARACTER TRAITS EXPECTED OF A POLICE OFFICER AND I RECOMMEND THE APPLICANT'S ACCEPTANCE IN AN LETB BASIC TRAINING PROGRAM.

DEPARTMENT CERTIFICATION	SIGNATURE OF DEPARTMENT CHIEF EXECUTIVE OFFICER	DATE	MM - DD - YY
I CERTIFY THAT THE ABOVE NAMED APPLICANT QUALIFIES FOR BASIC TRAINING UNDER THE PROVISIONS OF IC 5-2-1-9 AND TITLE 250 IAC.			

DO NOT WRITE BELOW THIS LINE LETB USE ONLY **DO NOT WRITE BELOW THIS LINE**

<input type="checkbox"/> APPROVED	COMMENTS
<input type="checkbox"/> DISAPPROVED	

THE SOCIAL SECURITY NUMBER OF THE DATA SUBJECT IS BEING REQUESTED AS AN EXCHANGE OF INFORMATION BETWEEN AGENCIES, PROVIDED FOR BY IC 4-4-4-2. DISCLOSURE IS NECESSARY TO FULFILL A STATUTORY MANDATE AND CONFIDENTIALITY OF THE SOCIAL SECURITY NUMBER WILL BE MAINTAINED BY THE LAW ENFORCEMENT TRAINING BOARD AS PROVIDED BY LAW.

MAIL THE COMPLETED FORM TO:

DO NOT FAX