



Maryland Police and Correctional Training Commissions
Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784
Phone - (410) 875-3515 Fax - (410) 875-3511

PROGRAM NAME: Correctional Less Lethal Combat Operations
PROGRAM DATE(S)/TIME: September 8 - 11, 2009 6:00am - 3:00pm
PROGRAM LOCATION: Maryland House of Corrections Jessup, MD
PROGRAM COST: \$550
CLOSING DATE: August 26, 2009

DESCRIPTION: The purpose of this course is to teach students to proper, safe and unconventional uses of Less Lethal munitions, NFDD, Chemical Agents and weaponry systems within a corrections environment. This course enhances a student's awareness and tactical ability through intense high stress inoculation simulation exercises and testing. The course will teach students how to apply Less Lethal in a number of situations including but not limited to: static operations, dynamic cell extractions, close quarter riot control operations, dynamic operations, correctional hostage rescue, high risk environment operations (kitchen, laundry, small areas, etc), during transport operations, unconventional rapid deployment operations. Seats 40 students.

STUDENT NAME: _____ Certification Number: _____
Agency Name: _____
Agency Address: _____
City: _____ County: _____ State: _____ Zip: _____
Email _____ Telephone: (____) _____ - _____
Fax: (____) _____ - _____ Emergency Contact Number for Student*: (____) _____ - _____
*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

Students will be notified of their status (Registered or Wait List) within five business days of the closing date using the email or contact number provided.

By signing below, I certify that the information above is true and correct. I also acknowledge that my agency may be billed for the training in the event that I (or my designee) fail to cancel the participant's training, in writing, within 72 hours of the initial date of the training.

Signature Department/Agency Head** Printed Name Date
**This form must be signed by the Agency Head or his/her designee.

PAYMENT INFORMATION: For payment information, please contact:

US C-SOG
P.O. Box 5445
Williamsburg, VA 23188
Tel: 1-804-557-3142

To mail or fax registration form, please find the information at the top of this form. Do NOT send registration form to Williamsburg, VA address.