



Maryland Police and Correctional Training Commissions Registration Form

PROGRAM NAME: \_\_\_\_\_

PROGRAM DATE: \_\_\_\_\_

REGISTRATION INFORMATION: PLEASE PRINT OR TYPE ALL INFORMATION

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

The following individual(s) from my agency is being nominated to attend the above referenced training.

NAME (print) CERTIFICATION # RANK/POSITION

PROMOTION DATE TO CURRENT RANK: \_\_\_\_\_ (For Certification Office Use)

I certify that the above information is true and correct.

Signature of Dept./Agency Head

Please Print/Type Name

Date

PAYMENT INFORMATION: Registration Fee- \$ \_\_\_\_\_ (NON-REFUNDABLE)

Refer to training announcement or contact MPCTC for program fees.

Check or Money Order Purchase Order Number: \_\_\_\_\_ (attach copy)
Payable to: MPCTC

R\*STARS transfers for STATE agencies codes: Q00, PCA 27119, AOBJ 0302, TC 430
YOU MUST INCLUDE - DOCUMENT DATE DOCUMENT NUMBER

Credit Card: Last 4 Digits of Card Number: Type: VISA MASTERCARD

\*A separate Credit Card form is required for submission to MPCTC Accounting Division. Fax to: 410-875-3533\*

MAIL ORIGINAL OR FAX TO: Maryland Police & Correctional Training Commissions
Attn: Training Unit

MPCTC-PSETC
6852 4th Street
Sykesville, MD 21784
(410) 875-3515
Fax: (410) 875-3511

MCCPI
6852 4th Street
Sykesville, MD 21784
(410) 875-3425
FAX: (410) 875-3420

Firearms Training Unit
7310 Slacks Road
Sykesville, MD 21784
(410) 552-6300
Fax: (410) 552-4615

Driver Training Unit
7320 Slacks Road
Sykesville, MD 21784
(410) 549-5732
Fax: (410) 549-5710

REGISTRATION FORM SHOULD BE RECEIVED 30 DAYS PRIOR TO START OF PROGRAM