



Maryland Police and Correctional Training Commissions
Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784
Phone - (410) 875-3513 Fax - (410) 875-3511

PROGRAM NAME: Short Term Drug Investigation
PROGRAM DATE(S)/TIME: February 16, 2010 (8:00 am - 5:00 pm)
PROGRAM LOCATION: Sykesville, MD
PROGRAM COST: Free
CLOSING DATE: February 2, 2010
DESCRIPTION: Officer will have a clear understanding of and be able to outline the reason for drug enforcement, define a "short-term" investigation, define the "Trident" and how it is applied, discuss how to begin the investigation, outline how to conduct a vehicle follow and outline how to conduct a surveillance on foot.

STUDENT NAME: _____ Certification Number: _____
Agency Name: _____
Agency Address: _____
City: _____ County: _____ State: _____ Zip: _____
Training Coordinator/Designee: _____ 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.

Mail or Fax original form to: MPCTC
Attn.: Kathy Prieur
6852 4th Street
Sykesville, MD 21784
(410) 875-3511, fax

Questions may be directed to Kathy Prieur at (410) 875-3513 or via email kprieur@dpscs.state.md.us