



Maryland Police and Correctional Training Commissions Non-Client Registration Form / Client Wait List Request Form

PLEASE PRINT OR TYPE ALL INFORMATION; ALL FIELDS MUST BE COMPLETED. FORMS CAN BE EMAILED TO PCTC.REGISTRAR@MARYLAND.GOV. A CONFIRMATION EMAIL WILL BE SENT ONCE REVIEWED.

PROGRAM TITLE: _____
PROGRAM DATE: _____

AGENCY NAME: _____ AGENCY CODE (IF APPLICABLE) _____
AGENCY ADDRESS: _____ CITY/STATE: _____ ZIP: _____
AGENCY TRAINING COORDINATOR NAME: _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____

THE FOLLOWING INDIVIDUAL FROM MY AGENCY IS BEING NOMINATED TO ATTEND THE ABOVE REFERENCED TRAINING:

STUDENT NAME: _____ CERTIFICATION NUMBER: _____
RANK: _____ PROMOTION DATE TO CURRENT RANK (FOR MANDATED CLASSES ONLY): _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____

IMMEDIATE SUPERVISOR'S NAME: _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____

PAYMENT INFORMATION: REGISTRATION FEE = \$ _____ (REFER TO MDLE.NET FOR PROGRAM FEES)

CREDIT CARD: LAST 4 DIGITS OF CARD NUMBER: _____ TYPE: VISA MASTERCARD

*Non-Client Agencies must submit a credit card form in order to be enrolled. A separate credit card form can be faxed to (410) 875-3533 or emailed to PCTC.AccountsPayable@Maryland.gov.

STATE AGENCY PAYMENT INFORMATION
MUST INCLUDE - DOCUMENT DATE _____ DOCUMENT NUMBER _____

R*STARS TRANSFERS - CODES: Q00, PCA 27119, AOBJ 0302, TC 430

INTER-AGENCY (IA) - MAIL CODE: AMA, PCA 27119, AOBJ 0302, TC 489

CHECK OR MONEY ORDER (PAYABLE TO MPCTC) PURCHASE ORDER NUMBER: _____

OVERNIGHT ACCOMMODATIONS WILL BE NECESSARY (CHECK ONE): YES NO

Submission of this form **will not** result in a lodging reservation. To request accommodations, please contact MPCTC Guest Services at (410) 875-3402 or email MPCTC.Lodging@Maryland.gov. If the class is cancelled or rescheduled, you will need to contact Guest Services to cancel or adjust your room reservation.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF DEPT./AGENCY HEAD

PRINT/TYPE NAME

DATE