MACON COUNTY LAW ENFORCEMENT TRAINING CENTER

a partnership with Richland Community College and the Illinois Law Enforcement Training and Standards Board

PTB #:	STUDENT REGISTRATION FORM
Badge/Star #:	CLASS #:
NAME (Last, First, MI)	
ADDRESS	
(Street, City, State, Zip)	
HOME PHONE	
(Include Area Code)	
MOBILE PHONE	
(Include Area Code) EMAIL ADDRESS	
EMAIL ADDRESS	
SEX/RACE	
DATE OF BIRTH	
(Month/Day/Year)	
PLACE OF BIRTH	
(City, State)	
EMERGENCY CONTACT(S)	1.
(Name/Number/Relationship)	
	2.
VEHICLE INFO (Color, Year,	
Make, Model, Reg #)	
DRIVER'S LICENSE #	
(include state and exp. date) FOID #	
(include expiration date)	
CALIBER OF ISSUED	Please circle .38 .357 9mm .40 .45 Other
HANDGUN	Trease en ere .50 .557 /mm .10 .10 .10
FOOD ALLERGIES	
(write NA if none)	
EMPLOYING AGENCY	
HEAD OF AGENCY	
(Include Title)	
EMPLOYER'S ADDRESS	
(Street, City, State, Zip)	
EMPLOYER'S PHONE	
(Include Area Code)	
DATE OF HIRE	
(Month/Day/Year) POINT OF CONTACT FOR	
AGENCY (Include Title)	
POINT OF CONTACT	
PHONE (Include Area Code)	
POINT OF CONTACT	
EMAIL	
· · · · · · · · · · · · · · · · · · ·	