



ST. PETERSBURG COLLEGE
FLORIDA NATIONAL GUARD
MULTIJURISDICTIONAL COUNTERDRUG TASK FORCE
TRAINING



Enrollment / Registration Application

These questions will facilitate registration. The information will not be provided to persons other than those associated with the training program or as required by law.

Officer Information

Name: _____ Rank: _____

Telephone Number: _____ Email Address: _____

Department Information

Agency Name: _____

Agency Address: _____

Telephone Number: _____ Agency Type (check): City County State Federal

Supervisor: _____ Supervisor's Telephone Number: _____

Prior Drug Enforcement Course(s) _____

Years of Experience: Law Enforcement: _____ Drug Task Force: _____ Narcotics Enforcement: _____

Course Information

This information can be found under the Traditional Training section of the MCTFT website at http://www.mctft.com/traditional_training/browse_courses.shtml. Scroll down to the bottom of the screen to find the host for the course of your choice.

Course Name: _____ Course Date(s): _____

Host Name: _____ Host Phone: _____

Course Location: _____

Acknowledgement of Equipment Responsibility

Students participating in MCTFT supported classes may, during the course of the class, be issued specific types of equipment to facilitate their training. Students are required to safeguard this equipment to prevent its loss or damage while assigned to them. By granting authorization for the student to attend this training, the student's employing agency agrees to compensate MCTFT for all costs associated with the repair or replacement of equipment that is lost or damaged due to the carelessness or negligence of the student. Students not sponsored by their agency to attend class assume full responsibility for items as outlined above.

I hereby acknowledge and accept the equipment repair/replacement policy as stated above for any property or equipment issued to me (or my employee) during the length of the course.

Student's initials: _____ **Authorizing Supervisor's initials:** _____

Student Signature: _____ Date: _____

Authorizing Supervisor's Signature: _____ Date: _____

Fax completed form to host listed in the Course Information section above.