



# Wyoming Law Enforcement Academy

1556 Riverbend Drive, Douglas, Wyoming 82633  
 Phone (307) 358-3617 Fax (307) 358-9603  
 www.WLEAcademy.com



## MODULAR TRAINING APPLICATION

Complete this form and forward it, by mail or by fax, to the Academy no later than six-weeks prior to the desired training. Available space in this training may be limited. Do not assume that an applicant has been accepted for this training unless and until you receive official confirmation from the Academy.

### APPLICANT'S INFORMATION

*All applicant information is required for admittance.*

NAME			SSN#	GENDER		LODGING REQUIRED	
Last	First	MI		M	F	Yes	No

### TRAINING REQUESTED

CLASS TITLE	DATE(S)	TIME(S)

### ACADEMY SERVICES REQUESTED

LODGING?		MEALS?		FIRST MEAL REQUESTED				LAST MEAL REQUESTED			
YES	NO	YES	NO	BREAKFAST	LUNCH	SUPPER	DATE	BREAKFAST	LUNCH	SUPPER	DATE

Justification of need for the requested training: \_\_\_\_\_  
 \_\_\_\_\_

Note: Applications on behalf of civilians not employed by a federal, state, or local government agency must be accompanied by a letter of recommendation from an administrator of a federal, state, or local government agency. The letter must state the anticipated use and benefit of the requested training to that agency, and the agency's commitment to sponsor the applicant according to the following guidelines. That agency's administrator must sign the letter and application.

By signing this application, I hereby agree and certify that:

- This agency agrees to take responsibility for all pertinent costs incurred by the applicant(s);
- Each applicant listed above is employed by, officially represents, or is sponsored by this agency;
- Each applicant listed above meets the requirements for attendance in this school;
- Each applicant listed above has been informed of the Academy Rules & Regulations and agrees to abide by them;
- This agency will notify the Academy in the event that any applicant listed above is unable to attend this training.

**SIGNATURE:** \_\_\_\_\_ (Sheriff/Chief/Department or Government Official)  
**DEPARTMENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ (Street Number)  
 \_\_\_\_\_ (City, State and Zip Code)  
**TELEPHONE:** \_\_\_\_\_ (Area Code and Number)

**NOTE:** INADEQUATE NOTIFICATION OF CANCELLATION MAY RESULT IN YOUR AGENCY BEING BILLED FOR TUITION COSTS WHEN APPROPRIATE.