

TRAINING SESSION NOTIFICATION FORM

IMPORTANT INFORMATION

- > Must be postmarked or received **no less than seven (7) calendar days** prior to the beginning or the training session.
- > You may only provide one category of training per session notification.

Applicant Information	on Submittal	Can	celation			
DCJS School ID Number: School Name: 88-				Trading As:		
Primary Instructor:				DCJS ID Number: 99-		
Location of Training (if different than School):				City, State, Zip:		
Range Name:				Code:		
Start Date: S	tart Time: (Military Format)	End Date:	E	End Time:	(Military Format)	
Entry level Subjects						
02EPrivate Investigator32EPer03EArmored Car Personnel35EEle4ESSecurity Canine Handler38ECer4EDDetector Canine Handler39EEle05EArmed Security Officer Arrest Authority40EBai				Electronic Security Subjects Personal Protection Specialist Electronic Security Technician Central Dispatcher Electronic Security Sales Representative Bail Bondsman Bail Enforcement Agent		
In-Service Subjects						
021 Private investigator 301 E 031 Armored Car Personnel 321 P 41S Security Canine Handler 401 B			Locksmith Electronic Security Subjects Personal Protection Specialist Bail Bondsman Bail Enforcement Agent			
Firearms Training						
□ 07EEntry- Level Handgun□ 08E08E08E09E09EAdvanced Handgun Training□ 075ESecurity Officer Handgun□ 08R08R08R09R09RAdvanced Handgun Re-Training□ 07RHandgun Re-Training□ 10E10EPatrol Rifle Training□ 10R10RPatrol Rifle Re-Training						
Additional Instructors During Session						
Name:			DCJS ID Number: 99-			
Name:			DCJS ID Number: 99-			
Training School Director:						
Signature Required: Training School Director Date: mm/dd/yy			Phone: ())	Ext.:	