



## CCDW TRAINING MATERIAL REQUEST FORM

**DATE OF CLASS:** \_\_\_\_\_ **INSTRUCTOR NO.** \_\_\_\_\_

**INSTRUCTOR NAME** \_\_\_\_\_

**ADDRESS:** *(We cannot ship to a PO Box)*      **Business**     **Residential**

**Daytime Phone Number:** \_\_\_\_\_

	<i>ITEM</i>	<i>QUANTITY</i>
	<b>APPLICANT MANUAL</b>	
	<b>INSTRUCTOR MANUAL</b>	
	<b>LEGAL SEGMENTS VIDEO on DVD</b>	
	<b>FORM 126 Pages A-B (Application)</b>	
	<b>FORM 126 Pages C-D (Assistant Instructor List)</b>	
	<b>CCDW TRAINING MATERIAL REQUEST FORM</b>	
	<b>APPLICANT TEST (A &amp; B)</b>	
	<b>TEST ANSWER SHEET (APPLICANT or INSTRUCTOR)</b>	
<b>FOR TRAINER USE ONLY</b>	<b>INSTRUCTOR TEST (A &amp; B)</b>	
	<b>CCDW INSTRUCTOR and INSTRUCTOR-TRAINER FIVE-MINUTE PRESENTATION FORM</b>	

**MAIL TO:**      **CCDW PROGRAM**  
**DEPARTMENT OF CRIMINAL JUSTICE TRAINING**  
**FUNDERBURK BUILDING**  
**521 LANCASTER AVENUE**  
**RICHMOND, KENTUCKY 40475-3102**

**FAX TO:**      **(859) 622-8387**

**E-MAIL TO:**    **ccdwwprogram@ky.gov**