



**KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
AGENCY REQUESTS FOR TRAINING**



NAME OF AGENCY _____

Date: _____ Page _____ of _____ Pages Agency Phone # _____

INFORMATION BELOW MUST BE TYPED OR PRINTED

1	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

2	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

3	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

4	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

5	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

6	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

This signature attests to the employment status of individuals as indicated above and authorizes the training requested:

AUTHORIZED SIGNATURE: _____ **TYPED NAME:** _____