The Department of Criminal Justice Training

***DEFENSIVE TACTICS INSTRUCTOR TRAINING APPLICATION***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:

Number of officers with the agency: \_\_\_\_\_

Does your agency currently have a DT Coordinator? Yes/No If yes, how many\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be replacing a coordinator, increasing number of coordinators or establishing a defensive tactics coordinator program at your agency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe you agency’s annual defensive tactics training: (attach additional pages if needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant Background***

Years in Law Enforcement: \_\_\_\_\_\_ Years with current agency: \_\_\_\_\_\_

Military Service: Yes/No Branch of Service: \_\_\_\_\_\_\_ MOS: \_\_\_\_\_

Law Enforcement Training (please list defensive tactics training)

Name: Date: Hours:

Name: Date: Hours:

Name: Date: Hours:

 ***Applicant Readiness***

I certify that I do not have any medical issues that will prevent my full participation in the Defensive Tactics Coordinator Class. I understand that I will be instructed to demonstrate numerous physically demanding events such as standing, kneeling, prone, striking, kicking, handcuffing, baton use, ground fighting, weapon retention/takeaways, edged weapon defense without assistance.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Statement of Commitment**

I understand my nomination of this individual to attend the Defensive Tactics Coordinator Course includes a commitment that the applicant will coordinate annual defensive tactics training at the agency upon successful completion of the course.

Name and Title: Email address:

Chief Executive’s Signature: Date: