For Office Use Only	
Tuition Amt.	
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Received Date	
Recorded By	

MISSOURI STATE HIGHWAY PATROL LAW ENFORCEMENT ACADEMY
DEPARTMENT OF PUBLIC SAFETY

APPLICATION FOR TRAINING

Mail To:
Missouri State Highway Patrol
Law Enforcement Academy
Post Office Box 568
Jefferson City, MO 65102

Telephone: 573-751-3626
MULES Terminal: MAC 3
FAX Number: 573-751-6627
E-mail Address: **TNDmail@mshp.dps.mo.gov**

Your enrollment cannot be confirmed until this application is filled out completely and returned.
DO NOT send payment with this application. An invoice will be sent when enrollment is confirmed.
(Type or Print)

STUDENT NAME (Last, First MI)	TITLE/RANK	
POST # / CIVILIAN - LAST 4 SSN	DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE
HOME ADDRESS (Street, City, State, Zip)		
BUSINESS TELEPHONE NUMBER · CELL PHONE NUMBER · E-MAIL ADDRESS		

Many of the courses conducted at the Academy require physical participation that may range from defensive tactics training to field training projects. The applicant certifies he or she can fully participate in the named course and that the State of Missouri, the Department of Public Safety, the Missouri State Highway Patrol, and any of their employees are released from any and all liability as a result of any injury or disability incurred by the applicant while a student at the Law Enforcement Academy. If special accommodations are required to facilitate attendance, contact the Academy prior to the beginning of the course.

NAME OF COURSE	LODGING REQUIRED ☐ YES ☐ NO
DATE(S) OF COURSE	
AGENCY NAME	
AGENCY ADDRESS (Street or P.O. Box, City, State, Zip)	
AGENCY PHONE NUMBER · AGENCY FAX NUMBER · CONTACT E-MAIL ADDRESS	
AGENCY ORI · FEDERAL TAX ID NUMBER	
AGENCY CONTACT PERSON NAME · TITLE/RANK	

I certify that this department has full police powers and that the above named applicant is a regular officer, reserve officer, or civilian employee.

AUTHORIZING OFFICIAL NAME	TITLE/RANK	DATE
AUTHORIZING OFFICIAL NAME		