

**The University of Kansas
Kansas Law Enforcement Training Center
Hutchinson, Kansas**

**APPLICATION FOR CERTIFICATION TRAINING SCHOOL
(Submit at least 45 days prior to start of classes)**

Course Director or Coordinator: _____ Rank: _____

Sponsoring Agency: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Agency Telephone: _____ Agency FAX: _____

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Type of Course: _____ Full Time Officers' Basic Law Enforcement Course

_____ Other: _____ Please specify _____

Total Hours of Course: _____ Course Dates: _____

Location of Classroom: _____

Are there Reserve Officers scheduled to attend this course: _____ YES If Yes, number to attend: _____

_____ NO Total Expected Enrollment: _____

Actual number of Applicants that require certification under K.S.A. 74-5616 a: _____

Attach to this Application:

- (1) Course Schedule and Comparison Chart
- (2) Law Enforcement Instructor Form (KLETC Form 302) for each instructor
- (3) Facility description
- (4) Description of the requirement to satisfactory complete the basic training course.

As Course Director or Coordinator, I acknowledge that I have read the Kansas administrative regulations governing the administration of course certified by the Kansas Law Enforcement Training Center, Hutchinson, Kansas and I agree to abide by those rules and regulations.

Signature of Course Director or Coordinator Date

Signature of Agency Head Date

Agency Name

**Return to: Kansas Law Enforcement Training Center
P.O. Box 647
Hutchinson, KS 67504-0647**