



INSTITUTE OF  
PUBLIC SAFETY

INSTITUTE OF PUBLIC SAFETY

3501 DAVIE ROAD

FORT LAUDERDALE, FLORIDA 33314

## TRAINING AUTHORIZATION AND REGISTRATION

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_ to \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Soc Sec Nmbr \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ Birthdate \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certification: Law Enforcement \_\_\_\_ Corrections \_\_\_\_ Non-Sworn \_\_\_\_

Course Credit: Basic \_\_\_\_ Salary Incentive \_\_\_\_ Mandatory Retraining \_\_\_\_

*The signature below must be an authorized agency administrator which attests to the eligibility of attendees and ensures payment of any fees, as indicated on the individual course announcement.*

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Administrator (Printed)

\_\_\_\_\_  
Administrator Signature

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

---

*For IPS use only*

Central Campus: Course number: \_\_\_\_\_ Sequence number: \_\_\_\_\_