



INSTITUTE OF
PUBLIC SAFETY

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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: _____