TRAINING APPLICATION

Division of Criminal Justice Services
Office of Forensic Services **Date:**

I. Personal Information *(Please print name as you would like it to appear on a training certificate)*

Name: **First:** **Middle:** **Last:**

Law Enforcement Agency Affiliation:

Business Address:

Zip Code:
E-Mail:

II. Training Course Information

Name of Course:
Date of Course:
Course Location:

III. Individual approving attendance (i.e. Lab Director, Supervisor).

Name:
Title:

IV. Send completed application to:

DCJS – Office of Forensic Services
Attn: Kathleen Clark
4 Tower Place
Albany, NY 12203 – 3702

E-mail to: kathleen.clark@dcjs.state.ny.us
Or FAX to: (518) 457-9384
If more information is required, contact OFS @ (518) 485-5801

For DCJS/ OFS only:	**Approved:**	☐
	Disapproved:	☐
	Incomplete:	☐
	Comment:	

7/2009