Last Name

Telephone:

Robert A. Lyons—Director

First Name

Tel: 973-595-6411

Fax: 973-595-6874

Contact Information

Course Date(s)

Please **PRINT** all information **CLEARLY** for contact and certificate purpose

In-Service Course Police Application Course Title

				Phone & Email address
	G OF PHOTOS WITHO g of any items on Faceb Department as a vi	FROM THE CLA book &/or any Soc	ASS	orted to your
Dress Code:	Proper dress consists of: Regular Department Uniform, Business Suit & Tie or Sport Jacket & Slacks, Female Officers may wear: Regular Department Uniform, Dress Slacks, Dress or Skirt NO JEANS, SHORTS OR SANDALS ARE ALLOWED			
Cancellation Policy:	Anyone who fails to notify the Academy IN WRITING that they cannot attend a course will not be allowed to re-register for that course for one year.			
Certification:	I hereby certify that all personnel who are enrolled in the above course (s) are covered by Workman's Compensation and Liability Insurance or otherwise adequately insured.			
	It is understood that any an Department shall rest upon			
Department : _			Chief of Balica ca Da	partment Head Signature
Address:	2		Chiej of Police or De	parimeni rieda Signature
T-11		F	F21	

Email

Fax: