APPLICATION - TRAINING PROVIDER

State Form 46166 (R2/8-07)

PLEASE TYPE OR PRINT CLEARLY

DATE OF APPLICATION *MM - DD - YY*	TYPE OF AGENCY ☐ CORPORATION ☐ INDIVIDUAL ☐ ACADEMIC	TYPE OF APPLICATION ☐ NEW ☐ RENEWAL ☐ UPDATE

CORPORATE OR INDIVIDUAL OR SCHOOL NAME			FEDERAL ID OR FICE NUMBER
STREET ADDRESS/MAILING ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP	FAX NUMBER
CHIEF EXECUTIVE OFFICER OR DEPARTMENT HEAD	TITLE		TELEPHONE NUMBER
PRIMARY INSTRUCTOR OR ADDITIONAL CONTACT PERSON	TITLE		TELEPHONE NUMBER
SUBJECT AREA OF CLASSES			

REQUIRED ATTACHMENTS:

CORPORATIONS AND INDIVIDUALS SUBMIT ITEMS 1 - 11. SCHOOLS WITH FICE NUMBERS SUBMIT ITEM 11 ONLY. USE PLAIN WHITE 8.5"x11" PAPER EXCEPT FOR BROCHURES.

- ☐ 1. ALL NAMES YOUR AGENCY HAS BEEN KNOWN BY OR AFFILIATED WITH.
- ☐ 2. A BRIEF HISTORY OF YOUR ORGANIZATION AND A MISSION STATEMENT.
- ☐ 3. A VITAE OR RESUME OF EACH INSTRUCTOR WHO WILL BE TEACHING IN THIS SUBJECT AREA.
- ☐ 4. LEARNING OR PERFORMANCE OBJECTIVES FOR THIS SUBJECT AREA.
- ☐ 5. IDENTIFICATION NUMBERS AND DESCRIPTIONS OF ESTABLISHED COURSE(S)/SEMINAR(S).
- ☐ 6. EVALUATION METHOD(S) USED TO MEASURE LEARNING.
- ☐ 7. DESCRIPTION (OR EXAMPLES) OF TRAINING RECORDS AND FORMS, WITH SAMPLES OF CERTIFICATES.
- ☐ 8. TUITION COSTS WITH A BREAKDOWN OF WHAT IS PROVIDED TO EACH TRAINEE.
- ☐ 9. LIST OF GOVERNMENTAL AGENCIES THAT HAVE CERTIFIED ANY OF YOUR COURSES.
- ☐ 10. LIST OF BUSINESS AND PERSONAL REFERENCES.
- ☐ 11. CURRENT BROCHURES, ADVERTISEMENTS, AND CATALOGS WITH CLASS/COURSE NUMBERS AND DESCRIPTIONS.

I, (print name) _____, a legal representative of _____(agency), hereby attest to the completeness and accuracy of all the information contained herein and all attachments submitted in support of this application. I understand that falsifying any information submitted to the Law Enforcement Training Board (LETB), or any other criminal justice agency, is cause for removal of my agency from the LETB's list of registered training providers. Further, my agency agrees to permit monitoring by the LETB of any part of the training my agency presents as an LETB-Training Provider. I further understand that if there is a legal challenge to any training provided by my agency or to any of my instructors, the challenge must be defended by my agency. Lastly, my agency agrees not to represent itself as an LETB-Training Provider except when such representation is for the purpose of advertising training or areas of training that my agency has been specifially approved to provide.

Signed_____ Title_____ Date_____-_____-_____

Send the completed application and all attachments to:

Executive Director
Law Enforcement Training Board
Post Office Box 313
Plainfield, Indiana 46168-0313

For questions and comments:

Telephone: (317) 839-5191
Fax:(317) 839-9741

DO NOT WRITE IN SECTION BELOW - LETB USE ONLY

☐ **APPROVED AS AN LETB TRAINING PROVIDER** EXPIRES: _____-_____-_____

☐ **DISAPPROVED AS AN LETB TRAINING PROVIDER**

COMMENTS/RESTRICTIONS:_____

APPROVED/DISAPPROVED BY:	TITLE	DATE *MM - DD - YY*