



Maryland Police and Correctional Training Commissions Non-Client Registration Form / Client Wait List Request Form

PLEASE PRINT OR TYPE ALL INFORMATION; ALL FIELDS MUST BE COMPLETED. FORMS CAN BE EMAILED TO MPCTCREGISTRAR.DPSCS@MARYLAND.GOV. A CONFIRMATION EMAIL WILL BE SENT ONCE REVIEWED.

PROGRAM TITLE: _____

PROGRAM DATE: _____

AGENCY NAME: _____ AGENCY CODE (IF APPLICABLE) _____

AGENCY ADDRESS: _____ CITY/STATE: _____ ZIP: _____

AGENCY TRAINING COORDINATOR NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

THE FOLLOWING INDIVIDUAL FROM MY AGENCY IS BEING NOMINATED TO ATTEND THE ABOVE REFERENCED TRAINING:

STUDENT NAME: _____ CERTIFICATION NUMBER: _____

RANK: _____ PROMOTION DATE TO CURRENT RANK (FOR MANDATED CLASSES ONLY): _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

IMMEDIATE SUPERVISOR'S NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PAYMENT INFORMATION: REGISTRATION FEE = \$ _____ (REFER TO OUR WEBSITE FOR PROGRAM FEES)

CREDIT CARD: LAST 4 DIGITS OF CARD NUMBER: _____ TYPE: VISA MASTERCARD

*Non-Client Agencies must submit a credit card form in order to be enrolled. A separate credit card form can be faxed to (410) 875-3533 or emailed to mpctccountspayable.dpscs@maryland.gov.

STATE AGENCY PAYMENT INFORMATION

MUST INCLUDE - DOCUMENT DATE _____ DOCUMENT NUMBER _____

R*STARS TRANSFERS - CODES: Q00, PCA 27119, AOBJ 0302, TC 430

INTER-AGENCY (IA) - MAIL CODE: AMA, PCA 27119, AOBJ 0302, TC 489

CHECK OR MONEY ORDER (PAYABLE TO MPCTC) PURCHASE ORDER NUMBER: _____

OVERNIGHT ACCOMMODATIONS: Submission of this form **will not** result in a lodging reservation. To request accommodations, submit the [Lodging Reservation Request](#) form found on our website. If the class is canceled or rescheduled, you will need to contact Guest Services to cancel or adjust your room reservation. Contact information is provided on the lodging form.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF DEPT./AGENCY HEAD

PRINT/TYPE NAME

DATE