

<b>Registration Procedure</b>	
<p><b>By Email:</b> Complete this form electronically and return this application to:  <a href="mailto:registrar.statepatrol@dot.wi.gov">registrar.statepatrol@dot.wi.gov</a></p>	
<b>Enrollment</b>	
Legal Name (Last, First, Middle Initial)	Program Title
Agency Title (Rank)	Program Date(s)
Area Code - Telephone Number	Sex <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Male                             <input type="checkbox"/> Female                         </div>
<b>Department/Agency Information</b>	<b>Emergency Information</b>
Bill to Person Name & Email	Emergency Contact
Employing Agency	Relationship
Department Street Address	Emergency Area Code-Telephone
City, State and Zip Code	Department Area Code-Telephone

Dormitory rooms are assigned by the Academy. If you require special accommodations for your stay at the Academy, please contact the Academy Facility Coordinator.

Arrival Date	Departure Date	Lodging & Meals Needed	No Room Needed (Just Lunch) Commuting Daily
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I have reviewed and agree to the cancellation procedures as outlined in the Wisconsin State Patrol Academy Training Catalog and understand cancellation of a program reservation may result in a charge to my department.

(Department Authorizing Person Signature)	(Date)	(Applicant Signature)	(Date)
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 (Authorizing Person Name and Rank—Print)