Defensive Tactics and Firearms

TRAINING REGISTRATION FORM

Please type or print all information legibly.
Please complete all applicable fields-failure to complete all fields may result in a processing delay.

TRAINING PROGRAM SELECTION

Defensive Tactics

- ☐ Defensive Tactics
- ☐ Defensive Tactics Train the Trainer

Firearms Training

- ☐ Firearms Training
- ☐ Firearms Train the Trainer

Caseload Assigned-Check one:

- ☐ Adult Probation Officer
- ☐ Juvenile Probation Officer
- ☐ Other:_____

- ☐ Adult Surveillance Officer
- ☐ Juvenile Surveillance Officer

Preferred attendance date:

Preferred Training Location:

Hotel Room Needed: Yes No

OFFICER INFORMATION

Last four digits of SS# _____ **000-00-**_____

Last Name	First Name	Middle Name
Department Name:	Address	City/Zip
Location Code (See List for codes)	Gender Male/Female	Email Address @ Office
Hire date (per job description above)	Contact Ph #	Date of Birth
Home Address:	City/ST	ZIP
Supervisor's Name-Printed	Supervisor's Phone #	Office Main Ph#
Attendee's Signature		Supervisor's Signature

THIS FORM MUST BE SUBMITTED 30 DAYS PRIOR TO THE TRAINING DATE

PLEASE COPY THIS FORM FOR ATTENDEE'S AND SUPERVISOR'S INFORMATION

If you need special accommodations, due to a disability, including auxiliary aids or materials in alternative formats, please contact Diane Bouconi @ (602) 452-3017.

FAX - 602-452-3004

To use this form electronically, please save attachment to hard drive. Please rename each form as you complete them for your new hire employees that you are signing up for training (Joe Smith.xls). Tab through the form completing each tab stop then save the form. Email the completed form to dbouconi@courts.az.gov.

Administrative Office of the Courts Attn: Diane Bouconi 1501 W Washington Phoenix, AZ 85007