



# BASIC LAW ENFORCEMENT ACADEMIES APPLICATION

Washington State Criminal Justice Training Commission  
19010 1st Ave. S., Burien, WA 98148  
Phone: (206) 835-7299  
Email to: [basictraining@cjtc.wa.gov](mailto:basictraining@cjtc.wa.gov)

## Section 1: Recruit/Student Information

Applicant Name (LAST, First, Middle):		Title:	
Social Security Number:       -       -		Date of Birth (mm/dd/yyyy):	
Gender Identity:	Ethnicity: Choose an item.	Education: Choose an item.	
Military Experience: Choose an item.	Military Rank: Choose an item.	Years of Service:	
Anticipated Date of Hire (mm/dd/yyyy):		Agency E-mail:	

## Section 2A: Basic Law Enforcement Academy (BLEA #0100) Applicants

Has this applicant completed a background investigation, including fingerprint submission, for your agency?  
If yes, provide State Identification Number (SID):  
If no, please explain:

**Only complete application packets will be processed. Please make sure to include the following with this application:**  
CJ Form 1253 Student Liability Release:  CJ Form 1251 Statement of Fitness:

## Section 2B: Basic Law Enforcement Equivalency Academy (BLEEA #0090) Applicants

**Prerequisites** – A copy of the previous Basic program certificate and/or POST certificate must be submitted with this application. If the remaining prerequisites are not submitted prior to day one, the applicant will be sent home.

Name of Previous Basic Program Completed:		Most Recent LE Employer Information		Dates of Service (mm/dd/yyyy):	
		Name:			
		City, State:			
Form CJ 1262 Basic Handgun Qualification: <input type="checkbox"/>	Form CJ 1251 Request for Medical Evaluation: <input type="checkbox"/>	Form CJ 1253 Student Liability Release: <input type="checkbox"/>	Completed Comparable EVOC: Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Section 3: Sponsoring Agency

Agency Name (do not abbreviate):		Mailing Address:	
Agency Administrator:		Rank/Title:	
Phone #: (    )       -		E-mail:	
Training Officer/Supervisor:		Rank/Title:	
Phone #: (    )       -		E-mail:	
Agency Administrator's Signature:			Date Signed:

**(Lodging and meals are provided to applicants whose agency address exceeds 40 miles from the WSCJTC Burien campus, and 50 miles from the WSCJTC Spokane campus)**

- Check one:  Applicant **will** require lodging and meal services     Applicant **will not** require lodging and meal services  
 Applicant will make alternate lodging arrangements, but will require **meal services only**.  
 Applicant will be traveling in a marked patrol vehicle