



**REQUEST FOR LAW ENFORCEMENT OFFICER  
TRAINING ACADEMY CURRICULUM, EMPLOYMENT  
HISTORY AND TRAINING RECORD**

Name: \_\_\_\_\_

(Please print or type)

Contact Telephone Number: \_\_\_\_\_

MCOLES Number: \_\_\_\_\_

or

Last 4 Digits of Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Please provide the following:

(use check boxes)

Training Academy Curriculum

Employment History & Training Record

Return by Email: \_\_\_\_\_

Return by FAX to: \_\_\_\_\_

or

Return by Mail to the Following Address: \_\_\_\_\_

Signature: \_\_\_\_\_

FAX this form to: 517-636-7886

or mail to:

Michigan Commission on Law Enforcement Standards  
Licensing & Administrative Services Section  
P.O. Box 30633  
Lansing, MI 48909