



**BUREAU OF INDIAN AFFAIRS – INDIAN POLICE ACADEMY
TRAINING APPLICATION**

TELEPHONE: (505) 748-8151 FACSIMILE: (505)748-8162

NAME OF COURSE: _____ COURSE DATE: _____

NAME OF APPLICANT: _____ SSN: _____
(LAST, FIRST, MI)

DOB: _____

NAME OF DEPARTMENT: _____

DEPARTMENT ADDRESS: _____
(STREET ADDRESS and/or P.O. BOX, CITY/STATE, ZIP)

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

APPLICANT RANK/TITLE: _____

DATE OF APPOINTMENT IN PRESENT POSITION: _____ TOTAL YEARS LAW ENFORCEMENT EXPERIENCE: _____

EMERGENCY CONTACT NAME: _____ TELEPHONE NO: _____

EMERGENCY CONTACT ADDRESS: _____

APPLICANT'S HOME ADDRESS: _____

APPLICANT'S TELEPHONE NO: _____

BRIEFLY DESCRIBE APPLICANT'S DUTIES AND RESPONSIBILITIES: _____

HAS APPLICANT EVER ATTENDED A PROGRAM SPONSORED BY THE INDIAN POLICE ACADEMY?

IF YES, SUPPLY DATES/PROGRAMS ATTENDED: _____

NOTE: PERSONS APPLYING FOR BASIC POLICE, BASIC DETENTION OR CRIMINAL INVESTIGATOR TRAINING MUST SUBMIT A COMPLETED CERTIFICATE OF MEDICAL EXAMINATION(SF-78), BACKGROUND CERTIFICATION FORM, AND THE PRACTICAL EXERCISE PERFORMANCE REQUIREMENTS CERTIFICATION (PEPR FORM).

AFFIDAVIT

BY AFFIXING MY SIGNATURE HERETO, I AFFIRM THAT ALL PREREQUISITES HAVE BEEN MET FOR THE APPLICATION TO ATTEND THE INDIAN POLICE ACADEMY, AT THE FEDERAL LAW ENFORCEMENT TRAINING CENTER AND APPROVE THEIR ATTENDANCE IN THE REQUESTED PROGRAM, I UNDERSTAND THAT FAILURE TO MEET THE PREREQUISITES WILL RESULT IN NON-SELECTION OR DISMISSAL FROM TRAINING.

APPLICANT SIGNATURE

DATE

CHIEF OF POLICE/ CORRECTIONS ADMINISTRATOR

DATE

BIA – OFFICE OF JUSTICE SERVICES
SPECIAL AGENT IN CHARGE/ SUPERVISORY CORRECTIONS SPECIALIST

DATE