



**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: 517-316-0824

or mail to:

MCOLES
Licensing Services Section
106 W Allegan, Suite 600
P.O. Box 30633
Lansing, MI 48909