



BASIC DRUG INVESTIGATION TRAINING APPLICATION

Type of Participation:

Student ____ Role Player ____ Evaluator ____ Instructor ____

Work Assignment:

Byrne Funded Task Force ____ Other Law Enforcement Agency ____

Full-Time Officer/Agent ____ Part-Time Officer/Agent ____

Experience:

Number of hours per week dedicated to drug enforcement duties ____

Number of years of experience: Drug Enforcement ____

Law Enforcement ____

Types of experience: Undercover ____ General Drug Investigations (non uc) ____

Technical Surveillance ____ Supervision ____ Field Training Officer ____

Applicant Information:

Full Name: _____

Rank: _____

Applicant's E-Mail Address: _____

Is the applicant an active NARCO member? Yes No

Is the sponsoring agency an active OTFCA member? Yes No

Sponsoring Agency: _____

Agency Address: _____

Agency Telephone: _____ Fax: _____

Applicant's Supervisor Title/Name: _____

Supervisor's E-mail Address: _____

Signatures: Student: _____ Date: _____

Supervisor: _____ Date: _____