



Maryland Police and Correctional Training Commissions Non-Client Registration Form / Client Wait List Request Form

PLEASE PRINT OR TYPE ALL INFORMATION; ALL FIELDS MUST BE COMPLETED. FORMS CAN BE EMAILED TO PCTC.REGISTRAR@MARYLAND.GOV. A CONFIRMATION EMAIL WILL BE SENT ONCE REVIEWED.

PROGRAM TITLE: _____

PROGRAM DATE: _____

AGENCY NAME: _____ AGENCY CODE (IF APPLICABLE) _____

AGENCY ADDRESS: _____ CITY/STATE: _____ ZIP: _____

AGENCY TRAINING COORDINATOR NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

THE FOLLOWING INDIVIDUAL FROM MY AGENCY IS BEING NOMINATED TO ATTEND THE ABOVE REFERENCED TRAINING:

STUDENT NAME: _____ CERTIFICATION NUMBER: _____

RANK: _____ PROMOTION DATE TO CURRENT RANK (FOR MANDATED CLASSES ONLY): _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

IMMEDIATE SUPERVISOR'S NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PAYMENT INFORMATION: REGISTRATION FEE = \$ _____ (REFER TO MDLE.NET FOR PROGRAM FEES)

CREDIT CARD: LAST 4 DIGITS OF CARD NUMBER: _____ TYPE: VISA MASTERCARD

*Non-Client Agencies must submit a credit card form in order to be enrolled. A separate credit card form can be faxed to (410) 875-3533 or emailed to PCTC.Registrar@Maryland.gov.

STATE AGENCY PAYMENT INFORMATION

MUST INCLUDE - DOCUMENT DATE _____ DOCUMENT NUMBER _____

R*STARS TRANSFERS - CODES: Q00, PCA 27119, AOBJ 0302, TC 430

INTER-AGENCY (IA) - MAIL CODE: AMA, PCA 27119, AOBJ 0302, TC 489

CHECK OR MONEY ORDER (PAYABLE TO MPCTC) PURCHASE ORDER NUMBER: _____

OVERNIGHT ACCOMMODATIONS WILL BE NECESSARY (CHECK ONE): YES NO

Submission of this form **will not** result in a lodging reservation. To request accommodations, please contact MPCTC Guest Services at (410) 875-3402 or email PCTC.Registrar@Maryland.gov. If the class is cancelled or rescheduled, you will need to contact Guest Services to cancel or adjust your room reservation.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF DEPT./AGENCY HEAD

PRINT/TYPE NAME

DATE



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.pctc.state.md.us
(410) 875-3400 • V/TTY (800) 735-2258 • E-MAIL: mailbox@mpctc.net

Credit Card Payment Information

Complete and fax to: Finance Dept 410 875-3533

Note: This is for payment purpose only.

NOT A COURSE OR LODGING REGISTRATION FORM

ONLY Cards Accepted

Charge my: Visa (CHECK ONE)

Card Type: Personal Credit Card (CHECK ONE)

Master Card

Business/Corporate Credit Card*

Check One

One time only charge

To be used for this charge and kept on file for future use

Purpose: Registration (CHECK ONE)

Program Name:

Program Date:

Attendee(s):

Lodging Dates:

Digest of Criminal Laws

Other

PLEASE TYPE OR PRINT CLEARLY

Name of Card Holder: (AS IT APPEARS ON CREDIT CARD)

Card # - - - - - Expiration Date / Amount
16 DIGITS MM/YY

Credit Card Statement Address:

State: Zip Code:

Card Holders Signature:

Card Holders Phone Number:

Agency Name:

If receipt is requested, please provide email:

*NOTE: State Agencies must process RSTARS transfer. Credit card form not accepted.