



**City of Weslaco Police Department  
Training Division  
Course Registration Request Form**

(Please Print or Type)

Date of Request: \_\_\_\_\_  
Name: \_\_\_\_\_ PID No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Agency: \_\_\_\_\_ Agency Ph. No.: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_ Course No.: \_\_\_\_\_  
Training Hours: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Badge No.: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Agency Providing Training: \_\_\_\_\_  
Instructor's Name: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED FOR REGISTRATION ONLY.**

SS No: (Last four digits) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Valid Driver's License: \_\_\_\_\_  
Primary Ph. No.: \_\_\_\_\_  
Address: \_\_\_\_\_

**Do Not Write Below Dotted Line**

Training Department Approval: \_\_\_\_\_  
Training attended on officer's own time: \_\_\_\_\_  
Per-Diem Approved:        YES        NO  
Days: \_\_\_\_\_  
Training Approved: \_\_\_\_\_  
Training Denied: \_\_\_\_\_  
Training Coordinator: \_\_\_\_\_  
Chief of Police: \_\_\_\_\_

**NOTE: Attach any information regarding the school being requested to include  
Flyers/Handouts, Agendas, and Class Details**