

# Institute for Criminal Investigation (ICI)

## P.O.S.T. REGISTRATION AGREEMENT



NORTHERN CALIFORNIA REGIONAL PUBLIC  
SAFETY TRAINING AUTHORITY

Course Date			POST ID#
Please check ( ) the course you wish to register for:			
<input type="checkbox"/> ICI Core	<input type="checkbox"/> ICI Homicide	<input type="checkbox"/> ICI Officer Involved Shooting and Force Investigations	
<input type="checkbox"/> ICI Child Abuse	<input type="checkbox"/> ICI Sexual Assault	<input type="checkbox"/> ICI Environmental Crimes	
<input type="checkbox"/> Principled Policing		<input type="checkbox"/> Principled Policing Train the Trainer	
<b>Employee/Student Information</b> (please complete a separate registration agreement for each student)			<b>Employer/Contact Information</b>
			EMPLOYER NAME
LAST NAME	FIRST	RANK	CONTACT PERSON
EMPLOYER'S ADDRESS			CONTACT PERSON'S E-MAIL
CITY	STATE	ZIP	CONTACT PERSON'S PHONE NUMBER
WORK PHONE NUMBER			CONTACT PERSON'S FAX NUMBER
FAX NUMBER			<b>Billing Information</b> <b>Course fee will be billed to:</b> Commission On Peace Officer Standards and Training (P.O.S.T.) 860 Stillwater Rd. Ste. 100 West Sacramento, CA 95605
E-MAIL			

### EMPLOYEE ELIGIBILITY FOR POST BILLING:

I verify that the employee listed meets P.O.S.T requirements as a full-time California law enforcement employee assigned to follow-up investigation duties with an agency in the P.O.S.T. Reimbursable Program. Please bill P.O.S.T. for the student's course fees.

\_\_\_\_\_  
Signature of Authorized Employer Representative

\_\_\_\_\_  
Date

### NOTICE TO STUDENT:

*This is a binding payment agreement, which reserves your enrollment space in the class. Upon receipt of this form, the Training Authority will consider you to be formally enrolled in the class. If you are found to be non-reimbursable by P.O.S.T. you will be responsible for the payment of all course fees. You may cancel 24 hours prior to the course start date (excluding weekends and holidays). Cancellations must be received in writing. For more information please call (916) 566-1532 between the hours of 7 a.m. and 12:00 p.m. If you do not notify the Training Authority of cancellation in writing 24 hours prior to the course start date, you are liable for the entire course fee. If you do not successfully complete the course, P.O.S.T. will not pay for the course: thus you will be responsible for the entire fee and any costs incurred for collection of those fees.*

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

**Mail or Fax to:** Northern California Regional Public Safety Training Authority  
2409 Dean Street, Ste. 116  
McClellan, CA 95652  
Fax: (916) 640-0018  
[registration@ncrpsta.com](mailto:registration@ncrpsta.com)