



STATE OF NEVADA
COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING
 5587 Wa Pai Shone Avenue Carson City, Nevada 89701
 (775) 687-7678 Fax (775) 687-4911

**BASIC LAW ENFORCEMENT TRAINING ACADEMY
 ACADEMY REGISTRATION/RELEASE OF LIABILITY**

Applicant: _____ Male Female
 (Last, First, Middle)

Age: _____ Date of Birth: _____ POST ID#: _____ Date of Hire: _____

High School Graduate: Yes No If no GED: Yes No US Citizen: Yes No Military Service: Yes No

Highest College Year Completed: 13 14 15 16 17 18 Highest Degree Earned: _____

Home Address: _____
 (City, State, Zip)

Agency: _____ Phone: _____

Agency Address: _____
 (City, State, Zip)

I, _____, release The State of Nevada, The Commission on Peace Officers' Standards and Training (POST), The Nevada POST Academy Staff and instructors, and any agency officially associated or connected with the academy from liability in case of any illness or injury not covered by my agency's worker's compensation insurance. I will only be covered by insurance to the extent that I would be covered while at my own agency under my personal or agency provided medical insurance.

Applicant Signature: _____ Date: _____

Firearms Information:

IDENTIFICATION	HANDGUN
MAKE	
MODEL	
SERIAL NUMBER	
CALIBER	
OWNER	<input type="checkbox"/> Personal <input type="checkbox"/> Agency

Driver's License #: _____ State: _____ Expiration Date: _____