



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

5587 Wa Pai Shone Avenue Carson City, Nevada 89701
(775) 687-7678 Fax (775) 687-4911

**DISPATCHER BASIC TRAINING
REQUEST FOR RE-ENROLLMENT FORM**

Individuals who do not complete the voluntary Dispatcher Basic Training course in the 180 days allotted will need to notify their agency supervisor. The supervisor will need to submit this form for their employee in order to request re-enrollment in the Dispatcher Basic Training program. The student, upon approval, will be re-enrolled and will begin the course from the beginning.

Student Information:

Employee's First and Last Name: _____

Employee's Email: _____

Employing Agency: _____

Phone Number: _____

Agency Supervisor Information

Supervisor's First and Last Name: _____

Supervisor's Title: _____

Supervisor's Email: _____

Phone Number: _____

Reason for Requesting Re-Enrollment:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____