

CITY COUNTY CRIMINAL INVESTIGATION SCHOOL



APPLICATION

Last Name: First Name: MI:

Preferred Name: Title:

Department Represented:

Sheriff/Chief Name: Years of Service at current Dept:

E-Mail: SSN:

Date Of Birth: Cell Number:

DL#: Male Female

Dept Address:

Do you work crime scenes as part of you primary job duties? Yes No

Are you assigned to a Narcotics Unit? Yes No

What challenges do you face with processing crime scenes?

List any crime scene certifications received/courses attended:

Previous Departments/Titles/Positions (include years of service):

Do you have a department issued camera? If yes, please list manufacturer/model.

Please list any food allergies/restrictions:

QUESTIONS?

CONTACT: TBI.TRAINING@TBI.TN.GOV

"That guilt shall not escape,
nor innocence suffer"