Tennessee Bureau of Investigation

Citizens' Academy Participant Application

Name _____ Date _____
Last First Middle

Residence Address_____

City _____ State_____Zip Code _____

Residence Phone # _____ Cell Phone # _____

E-mail Address _____

Date of birth _____ Race _____ Gender _____

Place of Employment_____Occupation and Title _____

Business Address _____ Business Phone # _____

Driver License # _____ State_____Exp. Date _____ SSN _____

Have you ever been arrested for any offense other than a traffic violation? (DUI is considered an arrest.) Yes _____ No _____

Describe why you want to attend the TBI Citizens' Academy. (Please use reverse side of sheet if needed.)

Please tell us where you heard about the TBI Citizens' Academy_____

There will be a minimum 90% attendance required. Please do not make application if you do not feel you can meet this requirement.

I certify that all statements made on this application are true and complete, and I hereby authorize the Tennessee Bureau of Investigation to make an examination of the above information for the purpose of evaluating my application and conducting an inquiry of my criminal history.

Important: This training is NOT designed to certify citizens to perform law enforcement services.

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Deadline:

Submit application to: Signature

TBI.Training@tn.gov