



Local Registration Authority (LRA) Training Request

Applicant Information			
To be completed by applicant .			
Given name		Family name	
Position title	Preferred language of training <input type="radio"/> English <input type="radio"/> French	Employment status <input type="radio"/> Full-time <input type="radio"/> Part-time	
Preferred course location			
Law Enforcement Agency Information			
To be completed by applicant .			
Organization name (do not use acronym)			
Full street address / Work location		City	Province
Postal Code (A9A 9A9)			
Tel. (include area code)	Fax (include area code)	Email	
_____		_____	
Signature of applicant		Date (yyyy-mm-dd)	
Approving Authority			
To be completed by approving authority .			
Approving authority must be at least one reporting level above applicant.			
Name		Position title	
I confirm this appointment and that the appointee has a minimum of the RCMP Enhanced Security Clearance, which is a process to verify personal data, education, professional qualifications, employment data and references. It also includes a criminal record name check, fingerprint check, and may require a credit check.			
_____		_____	
Authorized signatory		Date (yyyy-mm-dd)	
RCMP Use Only			

Return completed form to the RCMP by:
 Fax: (613) 993-3728