

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**

**2401 Egypt Road**

**Ada, Ok 74820**

**Phone: 405.239.5100 \* Fax: 405.239.5180**

**POLICE OFFICER NOTICE OF CHANGE OF ADDRESS**

**Fax this form to 405-239-5180**

**\* Required Fields Request - NOTE: INCOMPLETE REQUEST WILL NOT BE PROCESSED**

**LICENSEE INFORMATION**

*CLEET #:		*Last 4 SSN:	
*Name (as it appears on certification):			

**CHANGES/CORRECTIONS REQUESTED**

\*New Mailing Address: \_\_\_\_\_  
\*City, State, Zip: \_\_\_\_\_

\*New Physical Address: \_\_\_\_\_  
\*City, State, Zip: \_\_\_\_\_  
\*County: \_\_\_\_\_

\*New Telephone #: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

*Signature:		*Date:	
-------------	--	--------	--

**For CLEET use only**

Is individual peace officer or reserve officer?  YES  NO      If yes, copy to appropriate dept.

Processed by:		Date:	
---------------	--	-------	--