

**OBNDCC
 COURSE ENROLLMENT APPLICATION FORM
 80 Hour Narcotic Investigator Course (only)**

DATE:	
AGENCY:	
FULL AGENCY MAILING ADDRESS:	
COUNTY:	
PRIMARY WORK PHONE #:	
SECONDARY WORK #:	
FAX:	
Full Name as Recognized by CLEET:	
E-MAIL ADDRESS:	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
JOB TITLE:	
ASSIGNED DUTIES:	
PAGER #:	
HOME #:	
Years of Law Enforcement Experience:	
Years of Drug Enforcement Experience:	
Oklahoma Peace Officer Certification Date:	
Check one of the following:	
Full time narcotics investigation?	<input type="checkbox"/>
Part time narcotics investigation?	<input type="checkbox"/>
Working narcotics investigation as needed?	<input type="checkbox"/>
If the applicant is selected to attend, how would they like their name to read on the graduation certificate?	
ADDITIONAL REMARKS: <u>Attention : Agent -In-Charge Michael Snowden</u>	
AGENCY HEAD SIGNATURE:	