

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

**2401 Egypt Road
Ada, Ok 74820
Phone: 405.239.5100**

POLICE OFFICER

CHANGE OF PERSONAL INFORMATION FORM

*** 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

*Mailing Address: _____

*City, State, Zip: _____

*Physical Address: _____

*City, State, Zip: _____

*County: _____

* Telephone #: _____

Email Address: _____

*Signature:		*Date:	
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For CLEET use only

Is individual also PS? YES NO If yes, copy to appropriate dept.

Processed by:		Date:	
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