Oklahoma Bureau of Narcotics and Dangerous Drugs Control
Narcotics Investigators Course (80 Hour)
Application

Date: _____

Agency: _____

Full Agency Mailing Address: _____

_____

Primary Work Phone #: _____

Cell #: _____

Work Fax #: _____

Full Name as Recognized by CLEET: _____

E-Mail Address (work not gmail or yahoo) _____

Date of Birth: _____

CLEET Number: _____

Job Title: _____

Assigned duties: _____

Years Law Enforcement experience: _____

Years Drug Enforcement experience: _____

Date of Oklahoma Law Enforcement Certification: _____

Check one of the following:

Full time narcotics investigation _____

Part time narcotics investigation _____

Working Narcotics investigation as needed: _____

Full Time Officer _____

Reserve Officer _____

Remarks: _____

Chief/Sheriff/Agency Head Name: _____

Chief/Sheriff/Agency Head Signature: _____