



HIGH INTENSITY DRUG TRAFFICKING AREA

Assistance Center

REGISTRATION FORM

COURSE NAME: _____ **Location** _____

STUDENT INFORMATION:						
Title (Mr. Ms. Mrs.)			Rank (or Job Title)			
First Name		Middle Initial		Last Name		
Date of Birth-MM/DD/YYYY		Last 4 digits of Social Security Number		HIDTA Initiative Member	Arrest Powers	
				Yes No	Yes No	
Email Address						
JOB MAILING ADDRESS (Please spell out):			CONTACT NUMBERS:			
Agency Name: _____			Voice Phone: _____			
Address: _____			() _____ -- _____ ext _____			
City: _____ ST: _____ ZIP: _____			Fax Phone: _____			
			() _____ -- _____ ext _____			
			Other Phone: () _____ -- _____			
HIDTA NAME:						
INITIATIVE NAME :						
PARENT AGENCY NAME:			(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)			
(What agency signs your check? Please spell out)						
YOUR PARENT AGENCY IS:		Federal	State	Local	Military	Other

APPROVAL

APPROVED BY (Please print clearly):		SUPERVISOR'S SIGNATURE:	
First Name	Last Name		
SUPERVISOR'S MAILING ADDRESS:		CONTACT NUMBERS:	
Agency Name: _____		Voice Phone: _____	
Address: _____		() _____ -- _____ ext _____	
City: _____ ST: _____ ZIP: _____		Fax Phone: _____	
		() _____ -- _____ ext _____	
		Other Phone: () _____ -- _____	

To register, please fax to 305-715-7615, Attn: Gladys Sosa. Thank you.