

INVE-1022 REGISTRATION

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL ADDRESS (Mandatory) :

PHONE NUMBER:

PREFERRED
USER NAME:

EMPLOYMENT INFORMATION

ORGANIZATION:

OCCUPATION
OR TITLE:

BRIEF
DESCRIPTION OF
YOUR ROLE:

WORK ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

WORK EMAIL

EMPLOYER'S INFORMATION

FULL NAME:

OCCUPATION OR
TITLE:

EMAIL ADDRESS

FULL NAME

SIGNATURE

EMPLOYER'S FULL
NAME

SIGNATURE

DATE

PREFERRD
COURSE START
DATE

Student enrollment is restricted to: Law Enforcement, Special Provincial Constables, those students who work for organizations that have a MOU with local municipal police department or RCMP (e.g. Transport Canada Civil Aviation).

Please email your completed registration form to: cpe@jibc.ca