



CITIZEN'S POLICE ACADEMY REGISTRATION

(Please Print Legibly or Type)

Name _____
(Last) (First) (Middle)

Date of Birth: _____ Gender _____ Race _____

Social Security #: _____

OK Drivers License #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Employer: _____

Occupation: _____

Email: _____

Shirt Size: _____

Why do you want to join the CPA. What are you hoping to gain from the program?

Due to the sensitive nature of the curriculum it is necessary to conduct a background investigation of any applicant for the program.

Email or mail completed forms to the Tulsa Police Training Center at 6066 E. 66 St. North, Tulsa, OK 74117.

Email: jhunter@cityoftulsa.org or esokoloski@cityoftulsa.org