

KENTUCKY TACTICAL OFFICERS ASSOCIATION

Basic S.W.A.T. Officers Course Application
-----Class XIII-----



Last		First				Middle		
Address (Street Numb	er and Nar	ne)						
City			Cour	nty		State	Postal	
Home Phone			Cellu	ılar Phone	2		_	
Preferred E-Mail Addre	ess						_	
Host Agency			Agency Address					
Host Agency Phone Number			Name of Tactical Team Sponsoring the Applicant					
Tactical Team Supervisors Name			Contact Number					
Is the host agency a cu	ırrent K.T.C).A. Men	nber? Y	'es N	0			
T-Shirt Size NOTE: Payment is due N come first served)	S NLT Monday	M , May 3 , 2	L 2021 by 0	XL COB; your s	XXL pot is not res	erved until pay	yment is received. (First	
Payment Options:	Reque	Request Invoice for Billing				Check Enclosed		

Please return this application along with the waiver, Form T-1, and **if applicable** T-1a to: Jason Ritter, Training Director

C/O KSP Special Operations
5751 Briar Hill Rd
Lexington, KY 40361
jasonp.ritter@ky.gov

Note: PLEASE READ

Each student will be required to pass a physical fitness assessment and a basic firearms proficiency exam on the first day of class. Any student who does not pass those tests will be removed from the course immediately. A refund will be determined on a case by case basis per the Executive Board. Please refer to the Basic S.W.A.T. Information Packet for the standards.

UNA STAMUS