CENTRAL CAROLINA COMMUNITY COLLEGE
BASIC LAW ENFORCEMENT TRAINING ACADEMY APPLICATION

LAST NAME _____ **FIRST NAME** _____ **MI** _____

STREET ADDRESS _____ **CITY, STATE AND ZIP CODE** _____

HOME TELEPHONE _____ **CELL PHONE** _____ **DATE OF BIRTH** __ __-__ __-__ __ __ __

SOCIAL SECURITY NUMBER _____ **DRIVER'S LICENSE NO. AND STATE OF ISSUANCE** _____

EMERGENCY CONTACT NAME: _____ **PHONE:** _____ **RELATION:** _____

PLEASE CHECK WHICH COURSE THIS APPLICATION IS FOR:

☐ **DAY CLASS (SANFORD) (FALL or SPRING)** ☐ **NIGHT CLASS (LILLINGTON) (FALL ONLY)** ☐ **NIGHT CLASS (PITTSBORO) (FALL ONLY)**

ALL FORMS
MUST BE TURNED IN PRIOR TO FULL ADMISSION:

☐ **CCCC APPLICATION**
☐ **HIGH SCHOOL/GED TRANSCRIPTS (sealed)**
☐ **BLET APPLICATION (this form)**
☐ ***CERTIFIED* DRIVING RECORD(S) (enclosed form or online www.ncdot.org/DMV)**
☐ **Copy of HIGH SCHOOL DIPLOMA or GED TRANSCRIPT**
☐ **Copy of NORTH CAROLINA DRIVER'S LICENSE**
☐ **Copy of SOCIAL SECURITY CARD**
☐ **Copy of BIRTH CERTIFICATE**
☐ ***CERTIFIED* CRIMINAL HISTORIES**
☐ ***FROM EVERY COUNTY OR STATE OF RESIDENCE SINCE THE AGE 16***
This includes college and military housing *ONLINE BACKGROUND CHECKS ARE NOT ACCEPTABLE
☐ **MILITARY RECORDS INCLUDE DD-214 OR CURRENT MILITARY STATUS*****
☐ **F-1 (MEDICAL HISTORY STATEMENT) *SIGNED AND STAMPED BY N.C. PHYSICIAN***
☐ **F-2 (MEDICAL EXAMINATION REPORT) *SIGNED AND STAMPED BY N.C. PHYSICIAN***
☐ **F-3 PERSONAL HISTORY STATEMENT (Must be Notarized)**
☐ ***AUTHORIZATION RELEASE FORM* WITH PRINTED NAME AND SIGNATURE**
☐ **UNIFORM ORDER**

OPTIONAL
☐ **SPONSORSHIP LETTER ON N.C. LAW ENFORCEMENT AGENCY'S LETTERHEAD*****

*****IF APPLICABLE**

All forms must be *accurate and complete* (to include specific addresses) and will become a part of your permanent record in the BLET program….All forms must be turned into the BLET School Director either via mail or in person.