

**CENTRAL CAROLINA COMMUNITY COLLEGE
BASIC LAW ENFORCEMENT TRAINING ACADEMY APPLICATION**

Mail to: 1105 Kelly Drive, Sanford, NC 27330

Physical Address: 3000 Airport Road, Sanford, NC 27330

Robert Powell, Director 919-777-7774; Sandra Batchelor, Assistant 777-7773, sbatc476@cccc.edu

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>
<hr/>		
<i>Street Address, City, State, Zip Code</i>		
<hr/>		
<i>Home Telephone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
<hr/>		
<i>Social Security #</i>	<i>Date of Birth</i>	<i>Driver's License # and State of Issuance</i>
<hr/>		
<i>Emergency Contact - Name:</i>	<i>Phone:</i>	<i>Relation:</i>

Check which class this application is for:

<input type="checkbox"/> Day Class (Sanford) (Fall ___ or Spring ___)	<input type="checkbox"/> Night Class (Lillington) (Fall Only)	<input type="checkbox"/> Night Class (Pittsboro) (Fall Only)
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ALL FORMS MUST BE TURNED IN PRIOR TO ADMISSION

- _____ CCCC Application on line www.cccc.edu
- _____ BLET Application (this form)
- _____ Copy of North Carolina Driver's License
- _____ Copy of Social Security Card
- _____ Copy of Birth Certificate
- _____ Copy of High School Diploma/or GED Transcript
- _____ **Sealed** High School Transcript/or GED Transcript to CCCC Registrar
- _____ **Certified** Driving Record(s) from **every State** of residence (online www.ncdot.org/DMV)
- _____ **Certified** Criminal Histories: ***From every county or state of residence since the age of 16****
- *This includes college and military housing *Online background checks are not acceptable
- _____ Military Records Include DD-214 or Current Military Status, if applicable
- _____ 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
- _____ Sponsorship Letter on N.C. Law Enforcement Agency's Letterhead with course date and location
- _____ BLET Sponsorship Form signed and dated by sponsoring agency/applicant
- _____ Copy of Reading Exam Score

Signature: _____ Date: _____

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.