



application form

Criminalistics Training Course

Application Form

Please complete this form clearly and carefully.



California Criminalistics Institute

Course applied for:

Course Number:

Prerequisite courses taken (if applicable):

(Explain how you qualify if you do not have a prerequisite class):

Experience in the subject area None < 1 yr 1-2 yrs 2-5 yrs >5 yrs

Percent of time to be spent in subject area < 25% 25-50% 50-75% >75%

Personal details

Name

Title

SSN

email

CAC membership status:

Member

Non-member

Phone

Fax

Disabled services needed

Agency & Supervisor/Training Coordinator details

Name

Title

email

Phone

Agency Name

Address

City

State

Zip

Submission to be verified by applicant's supervisor:

I certify that the above information is correct (signature date)

Note on email submissions: In lieu of signature emailed applications must be sent by supervisor

Send To:

California Criminalistics Institute
11181 Sun Center Drive
Rancho Cordova, CA 95670

Phone: 916.464.0600
Fax: 916.464.5818
email: cci@doj.ca.gov

CCI use

Registrar

Received

Initial

Date

Enrolled Wait list

Class Date

Do Not Register

By

