

Registration Form



Galveston Police Dept Training Division

*Name: _____

Title / Rank: _____

*TCLEOSE PID: _____

*Date of Birth: _____

*Agency: _____

*Agency Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*Email: _____

*Requested Course: _____

*Date of Course: _____

*Time of Course: (If Applicable) _____

Acceptable Forms of Payment

Cash

Check

Please make checks payable to:

City of Galveston

Payment not required to register

Registration Form may be submitted by:

Emailing form to:

gpd-training@galvestontx.gov

Faxing form to:

409-765-3641

Mailing form to:

Training Division

601 54th St Galveston, TX 77551

Email is the preferred method of registration

“*” Indicates a REQUIRED field