

**REGISTRATION FORM – BASIC COURSE FOR POLICE OFFICERS / PHASE 2**

**ROCKLAND COUNTY POLICE & PUBLIC SAFETY ACADEMY**  
**50 Sanatorium Road, Building G**  
**Pomona, New York 10970**  
**Office 845-364-8700 Fax 845-364-8926**

**RECRUIT INFORMATION:**

Date of Appointment: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Agency Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Personal email: \_\_\_\_\_

Personal Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_ / \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Prescription Medication(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AGENCY INFORMATION:**

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Chief / Sheriff / Executive Officer: \_\_\_\_\_

Executive email: \_\_\_\_\_

Executive Office Phone: \_\_\_\_\_ Executive's Mobile Phone: \_\_\_\_\_

Agency Training Officer / Recruit Point of Contact: \_\_\_\_\_

Training/POC email: \_\_\_\_\_ Phone: \_\_\_\_\_

**RECRUIT'S LAST NAME:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

**WEAPONS:**

Handgun

Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

Shotgun

Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

Patrol Rifle

Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

Baton

Make \_\_\_\_\_ Model \_\_\_\_\_

Conducted Energy Device

Make (e.g., Taser) \_\_\_\_\_ Model \_\_\_\_\_

Chemical Restraint Spray

Make \_\_\_\_\_ Type (e.g., OC) \_\_\_\_\_ Strength (%) \_\_\_\_\_