



# NLLEA Training Request

Revised 2/15/2016

<b>Date:</b> / / Mo. Day Year	<b>Requesting Agency:</b>		
<b>AGENCY INFORMATION</b>			
<b>Contact Name:</b>	<b>Contact Title:</b>		
<b>Agency Address:</b>	<b>Contact Phone:</b> ( ) -		
	<b>Contact Email:</b>		
<b>TRAINING INFORMATION</b>			
<b>Type of training requested:</b> <input type="checkbox"/> Agency Training <input type="checkbox"/> Regional Training <input type="checkbox"/> Other _____			
<b>Length of requested training:</b> <input type="checkbox"/> Half Day <input type="checkbox"/> One day <input type="checkbox"/> Two days <input type="checkbox"/> Three days <input type="checkbox"/> Week <input type="checkbox"/> TBD _____			
<b>Desired date for training:</b>	<b>Expected number of attendees:</b>		
<b>From:</b> / / Mo. Day Year	<b>To:</b> / / Mo. Day Year		
<b>Areas the training or technical assistance should cover (mark all that apply):</b>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Underage alcohol compliance checks  <input type="checkbox"/> Sales to intoxicated operations  <input type="checkbox"/> Enforcing alcohol laws around schools/ colleges/universities  <input type="checkbox"/> Using place of last drink data  <input type="checkbox"/> Fake IDs  <input type="checkbox"/> Media advocacy/working with the media  <input type="checkbox"/> Handling chronic inebriates  <input type="checkbox"/> Interpreting research/data to law enforcement  <input type="checkbox"/> Responsible beverage service/retailer training  <input type="checkbox"/> 3<sup>rd</sup> party transactions (e.g., shoulder tap operations)  <input type="checkbox"/> Party prevention and controlled party dispersals  <input type="checkbox"/> Illegal gambling           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hidden ownership investigations  <input type="checkbox"/> Tax evasion investigations  <input type="checkbox"/> Sobriety checkpoints  <input type="checkbox"/> Social networking/cyber space investigations/tools  <input type="checkbox"/> Enforcement of impaired driving laws for youth  <input type="checkbox"/> Bar inspections  <input type="checkbox"/> Enforcing other alcohol regulations/policies  <input type="checkbox"/> Investigating nuisance establishments  <input type="checkbox"/> Special events enforcement  <input type="checkbox"/> Other (please specify) _____           </td> </tr> </table>		<input type="checkbox"/> Underage alcohol compliance checks <input type="checkbox"/> Sales to intoxicated operations <input type="checkbox"/> Enforcing alcohol laws around schools/ colleges/universities <input type="checkbox"/> Using place of last drink data <input type="checkbox"/> Fake IDs <input type="checkbox"/> Media advocacy/working with the media <input type="checkbox"/> Handling chronic inebriates <input type="checkbox"/> Interpreting research/data to law enforcement <input type="checkbox"/> Responsible beverage service/retailer training <input type="checkbox"/> 3 <sup>rd</sup> party transactions (e.g., shoulder tap operations) <input type="checkbox"/> Party prevention and controlled party dispersals <input type="checkbox"/> Illegal gambling	<input type="checkbox"/> Hidden ownership investigations <input type="checkbox"/> Tax evasion investigations <input type="checkbox"/> Sobriety checkpoints <input type="checkbox"/> Social networking/cyber space investigations/tools <input type="checkbox"/> Enforcement of impaired driving laws for youth <input type="checkbox"/> Bar inspections <input type="checkbox"/> Enforcing other alcohol regulations/policies <input type="checkbox"/> Investigating nuisance establishments <input type="checkbox"/> Special events enforcement <input type="checkbox"/> Other (please specify) _____
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<b>Special requests:</b> _____			
<b>INFORMATION FOR ADDITIONAL AGENCIES ATTENDING TRAINING (if applicable)</b>			
<b>Agency Name:</b>	<b>Agency Name:</b>		
<b>Agency Contact:</b>	<b>Agency Contact:</b>		
<b>Contact Phone:</b> ( ) - <b>Ext.</b>	<b>Contact Phone:</b> ( ) - <b>Ext.</b>		
<b>Contact Email:</b>	<b>Contact Email:</b>		
<p>I certify that I have authorization on behalf of my agency to request that NLLEA provide training or technical assistance for my agency and/or region. I recognize there may be costs involved in receiving such trainings or assistance and will work with NLLEA to determine appropriate payment.</p>			
<b>Signature</b>	<b>Date</b>		