



# Training Notification Form

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*This form is for notification purposes ONLY. Information provided will be added to the POST Training Calendar.*

Course Title: _____
POST Course Number: _____ Course Date(s): _____
Start Time: _____ End Time: _____ Total Number of Hours: _____
Instructor Name(s): _____
Registration Cost: _____ OR Grant-Funded POST-Approved Course <input type="checkbox"/>
Host Agency: _____
Host Agency Contact Name: _____ Phone: _____
Address: _____
Email: _____
Training Provider: _____
Contact Name: _____ Phone: _____
Address (if different from Host Agency): _____
Email: _____ Website**: _____

**Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.**

<b>POST USE ONLY</b>
Approved By: _____ Date: _____
Course Number: _____ Email Sent: _____ Added to Calendar: _____