



# CCDW TRAINING MATERIAL REQUEST FORM

**DATE OF CLASS:** \_\_\_\_\_ **INSTRUCTOR NO.** \_\_\_\_\_

**INSTRUCTOR NAME** \_\_\_\_\_

**ADDRESS:** *(We cannot ship to a PO Box)*      **Business**     **Residential**

**Daytime Phone Number:** \_\_\_\_\_

	<i>ITEM</i>	<i>QUANTITY</i>
	APPLICANT MANUAL	
	INSTRUCTOR MANUAL	
	LEGAL SEGMENTS VIDEO: <input type="checkbox"/> VHS <input type="checkbox"/> DVD	
	FORM 126    Pages A-B (Application)	
	FORM 126    Pages C-D (Assistant Instructor List)	
	CCDW TRAINING MATERIAL REQUEST FORM	
	APPLICANT TEST (A & B)	
	TEST ANSWER SHEET (APPLICANT or INSTRUCTOR)	
<b>FOR TRAINER USE ONLY</b>	INSTRUCTOR TEST (A & B)	
	CCDW INSTRUCTOR and INSTRUCTOR-TRAINER FIVE-MINUTE PRESENTATION FORM	

**MAIL TO:**      **CCDW PROGRAM**  
**DEPARTMENT OF CRIMINAL JUSTICE TRAINING**  
**FUNDERBURK BUILDING**  
**521 LANCASTER AVENUE**  
**RICHMOND, KENTUCKY 40475-3102**

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