

*Troy Police Department Collision
Avoidance Training program*

Student Information

Student's Name _____ Date of Birth _____

Address _____ Phone # _____

City/State _____ Zip Code _____ Sex _____

Student's SS# _____ Email _____

DL # _____ State _____

When did you get your "learner's" permit? _____

When did you get your "Operator's" license? _____

As the Student named above, I understand that the Troy Alabama Police Department and/or the National Traffic Safety Academy, Inc., may from time to time pull information from my driving record and may at their discretion look into any traffic citations or crashes that involve me as the driver. I understand this information is and will be used strictly for research purposes and that a representative from either or both agencies may contact me by telephone.

Student _____ Date _____

TROY POLICE DEPARTMENT
P.O. BOX 549
TROY, ALABAMA 36081
334-566-0500

Website: www.trovpd.com

Email: tpdcat@troycable.net

TELEPHONE COURSE COORDINATOR / INSTRUCTOR ABOUT REGISTRATION FEE
AT 334-670-2225 OR 334-670-2234.