

Note: This form should only be completed and submitted to enroll local municipal employees in training that has already been scheduled and confirmed for delivery by our staff OR advertised as open for enrollment on the training schedule posted to our website.

Agency Contact Information

Contact's Name:

Contact's Phone:

Contact's Email:

Contact's Agency:

Administrator Information for Invoice

Admin Name:

Admin Email:

Agency Mailing Address (Address, City, State, Zip):

Course Information

Course Code & Name:

Course Date:

Location: Virtual

In-Person

Training Policy Reminders

- A final 'course confirmation' will be emailed to each registered person 1 week prior to the class date, typically on Tuesdays.
- Training fees must be paid prior to attendance. Prior to submitting this form, review the training policies, fees, and requirements listed on our website at <https://www.azltap.org/services/demand-training>.

Enrollment Requirements

- A **unique** and **active email address** must be provided for all enrollees listed below. No exceptions will be made.
- A **full legal first & last name** must be provided for all enrollees listed below. Nicknames and shortened versions of first names will not be accepted.
- Non-municipal, non-transportation employees and/or persons not directly employed with your agency must first be approved for enrollment by our Center. Please provide written notice of these inclusions in the body of your email when submitting this form.

Employee Enrollment Information

	Full First & Last Name (No Nicknames)	Suffix (ex. Jr., III)	Employee's Email or LTAP ID#	Phone
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Enrollment Swap: After submitting the above form, if your agency needs to swap out (aka replace) a previously enrolled employee, please resubmit your original above form with the swap information filled out below. Swap requests are not guaranteed.

Employee Cancellation & Swap Information

Canceled Employee's Full Name	Replacement Employee's Full Name	Replacement's Email	Replacement's Phone