

Police Authority Registration Request

**All fields on this form are required for processing. Incomplete forms will not be processed.
PLEASE TYPE OR PRINT CLEARLY*

Section 1- Police department information

Name of police department: _____ Federal ID number: _____

Address: _____
Street number - street name P.O. Box (where applicable)

_____ City State Zip code

Section 2- Requestor information

Name: _____ / _____ / _____
Last name First name Middle initial

Telephone number (with area code) _____ - _____ - _____

Email address: _____ @ _____

Preferred Username _____

Signature of **requestor**: _____

I approve the above requestor as authorized to perform officer updates and inquiries on the MPOTRS Internet website (www.mpoetc.state.pa.us) as a representative of the police department named in section 1.

Name (printed) _____

Title _____

Signature _____ Date _____

(Questions regarding the completion of this form may be directed to Ms. E. Beverly Young, Administrative Officer, at (717) 346-7764 or (800) 342-0858 ext. 67764).

Mailing address for completed forms:

Municipal Police Officers'
Education & Training Commission
8002 Bretz Drive
Harrisburg, Pa 17112-9748