



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 on 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)	
FOR TRAINER USE ONLY	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**

FAX TO: (859) 622-8387

E-MAIL TO: ccdwprogram@ky.gov