



Fax to: 603-559-1522

Police Testing Alliance Registration Form

All testing will be held at Great Bay Community College, 320 Corporate Drive, Portsmouth, NH

An entry-level police officer examination will be held on the following Saturday dates promptly at 9:00 a.m.:

Circle the date of the test you wish to take: **Oct. 6, 2018** | **Feb. 2, 2019** | **June 1, 2019**
CRN 50001 | CRN 50002 | CRN 50003

To register for this class you must complete this form and return it to the address listed below, along with a **non-refundable** fee as shown in the chart below. **Your registration AND fee must be received by 8:00 p.m. the Wednesday prior to the scheduled testing date to be valid.** You will receive verification by mail confirming your registration for the scheduled test.

Candidates requesting accommodations under the Americans with Disabilities Act must notify the Great Bay Community College Police Testing Alliance **in writing** about the specifics of the desired accommodation prior to the closing date of the registration so that appropriate arrangements may be made. Documentation supporting the specific disability must be included with your request.

Legal Name _____
First Middle Last

Address: _____

City/Town _____ State _____ Zip Code _____

Phone (Home) (____) _____ - _____ Phone (Cell) (____) _____ - _____

Sex Male / Female Birth date ____/____/____ SS# _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Email _____

Are you a certified Police Officer? YES ____ NO ____ If yes, Full-time ____ Part-time ____ State ____

Are you a U.S. Veteran? YES ____ NO ____

Would you like to be considered for positions that are: Full-time ____ Part-time ____ Both ____

TEST	TEST NAME	CREDITS	TESTING FEE
NCPT004G	Police Entrance Exam	N/A	\$50.00

Authorization for Release: I hereby authorize Great Bay Community College, its agents and/or associates to release any or all of the results of the entry examination(s) and/or any related materials to the designated police departments for the purpose of determining candidate eligibility. I understand that my participation in the testing process does not constitute an offer of employment or advanced testing.

Financial Obligation Statement - I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account maybe reported to the credit bureau and/or over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Signature of Applicant (electronic signature will not be accepted)

Date

Please Note: Applicants must present their registration verification and a valid state issued driver's license or picture ID at the time of the examination. Please mail or fax this form and the **nonrefundable** fee to: Great Bay Community College, Attn: Business Office, 320 Corporate Drive, Portsmouth, NH 03801 or 603-559-1522.

Methods of Payment

Charge to MasterCard/Visa/Discover (Please Circle)

Name on Card: _____ Card # _____ Expiration Date: _____ CV Code: _____

Check (Attached and made payable to GBCC) Check Number _____