



GULF COAST
HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT
Advanced Vehicle Contraband
Concealment

WHEN : September 21-22, 2010
Class times: 0800 - 1700

WHERE : Huntsville Police Academy
3011-A Sparkman Drive
Huntsville, AL 35810

COSPONSOR : Gulf Coast HIDTA and Huntsville Police Department Training Academy

DESCRIPTION : This 16 hour course is designed to meet the needs of educating officers in an effort to make law enforcement more successful as a whole when encountering and searching contraband laden vehicles. This training will give officers the edge when conducting vehicle searches.

TOPICS:

Development of systematic search techniques	K-9 failures
How officers are getting beat on concealment everyday	Search Objectives
Changes in concealment since 9/11	X-ray equipment developments
Density detection equipment developments	Pitfalls concerning concealment

INSTRUCTORS : Billy Sides-Highway Interdiction Training Specialists, Inc.

NOTE: *** **LAW ENFORCEMENT SENSITIVE INFORMATION** ***
* BE PREPARED TO SHOW YOUR ID OR BADGE EACH DAY AS YOU ENTER THE CLASS ROOM *

ENROLLMENT: THERE IS NO REGISTRATION FEE FOR THIS COURSE

ATTENDANCE: **LAW ENFORCEMENT ONLY:** Open to Federal, State, and Local Law Enforcement Personnel, Criminal Intelligence Analysts, Investigators, Investigator Assistants, Counterdrug Operation Supervisors at all Levels and Military Personnel - both Active and Reserve.

CONTACT : Please fax the attached enrollment form to 601-965-4018. Go to web-site <http://training.gchidta.org> or call 601-933-9431 for a course enrollment form.



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA TRAINING PROGRAM

Huntsville Police Training Academy ADVANCED VEH CONTRABAND CONCEALMENT
3011-A Sparkman Drive September 21-22, 2010 (08:00 to 17:00)
HUNTSVILLE, AL 35810 (Fax to Training Coordinator 601-965-4018)

GC HIDTA Training Unit Use Only

Your request has been:

Approved

Placed on **WAITING LIST**

Denied Class is full

Denied (agency cap met)

STUDENT INFORMATION:					
Title (Mr. Ms. Mrs.)		Rank (or Job Title)			
First Name		Middle Initial		Last Name	
Date of Birth-MM/DD/YYYY		Last 4 digits of Social Security Number		HIDTA Initiative Member	
				Yes	No
				Yes	No
Email Address (PLEASE PRINT CLEARLY)			Add to GC HIDTA Distribution List : Yes No N/A		
JOB MAILING ADDRESS (Please spell out):			CONTACT NUMBERS: MUST INCLUDE FAX		
Agency Name: _____			Office Phone: (____) _____ - _____ ext _____		
Address: _____			Fax Phone: (____) _____ - _____ ext _____		
City: _____ ST: _____ ZIP: _____			Cell Phone: (____) _____ - _____		
			Other Phone : (____) _____ - _____ ext _____		
HIDTA NAME:					
INITIATIVE NAME:					
PARENT AGENCY NAME:			(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)		
(What agency signs your check? Please spell out)					
YOUR PARENT AGENCY IS:		Federal	State	Local	Military
		Other			

SUPERVISOR'S APPROVAL INFORMATION

APPROVED BY (Please print clearly):		Supervisor's Email Address: Add To Distribution List: Yes No N/A
First Name	Last Name	Supervisor's Signature:
Agency Name: _____		
Address: _____		
City: _____ ST: _____ ZIP: _____		
		Office Phone: (____) _____ -- _____ ext _____
		Fax Phone: (____) _____ -- _____ ext _____
		Cell Phone: (____) _____ -- _____
		Other Phone: (____) _____ -- _____