



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT

CLANDESTINE LAB ENFORCEMENT

WHEN : February 3, 2010
Class times: 0800 - 1700

WHERE : Bevill State Community College
Hamilton Campus, Classroom # L
1481 Military Street South
Hamilton, Alabama 35570

COSPONSOR : Gulf Coast HIDTA, Bevill State Community College, Homeland Security and Police Training Department

DESCRIPTION : This 8-hour training program prepares state and local law enforcement agencies to address the specialized problems associated with clandestine laboratory enforcement. Through a series of lectures and case studies, course participants will learn to recognize the signs and hazards of a clandestine laboratory and conduct the investigative activities required to successfully apprehend lab operators. The training also focuses on such critical issues as encouraging a community response, identifying and collaborating with community partners, developing community education and awareness programs, and use of problem solving techniques.

INSTRUCTORS : Charles (Chuck) Stocking

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

Bevill State Community College
Hamilton Campus, Classroom L
1481 Military Street South
Hamilton, Alabama 35570

Clandestine Lab Enforcement
Date: February 3, 2010
Time: 08:00 am to 05:00 pm
(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	Arrest Powers
		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: (What agency signs your check? Please spell out)	(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)
YOUR PARENT AGENCY IS:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Military <input type="checkbox"/> 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: _____	Office Phone: (____) _____ -- _____ ext _____
Address: _____	Fax Phone: (____) _____ -- _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ -- _____
	Other Phone: (____) _____ -- _____