



GULF COAST  
HIGH INTENSITY DRUG TRAFFICKING AREA

# TRAINING ALERT

## High Risk Warrant Operations

WHEN : April 27-28-29, 2010  
Class times: 0800 - 1700

WHERE : Arkansas Law Enforcement Training Academy-Northwest  
3424 S. Downum  
Springdale, AR 72762

COSPONSOR : Gulf Coast HIDTA, Washington County Sheriff's Department,  
Fayetteville Arkansas and Benton County Sheriff's Department,  
Bentonville Arkansas

DESCRIPTION : This class is designed to provide the participant with basic instruction in high risk warrant operations. This course consists of both lecture and practical exercises in the following topics:

Threat Analysis  
Operation Planning  
Team Movement  
Occupant Control  
Breaching  
Distraction Devices  
Vehicle Assaults  
Tactical Medic Applications

INSTRUCTORS : Mark Bailey

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.

THIS FORM WILL BE FAXED BACK TO YOU WITH INDICATION OF YOUR ENROLLMENT STATUS



## GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA TRAINING

Arkansas Law Enforcement Training Academy NW **HIGH RISK WARRANT OPERATIONS**  
 3424 S. Downum **April 27-28-29, 2010 (08:00 to 1700)**  
 Springdale, AR 72762 **(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	

<b>JOB MAILING ADDRESS (Please spell out):</b>	<b>CONTACT NUMBERS: MUST INCLUDE FAX</b>
Agency Name: _____	Office Phone: (____) _____ - _____ ext _____
Address: _____	Fax Phone: (____) _____ - _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ - _____
	Other Phone : (____) _____ - _____ ext _____

<b>HIDTA NAME:</b>			
<b>INITIATIVE NAME:</b>			

<b>PARENT AGENCY NAME:</b> (What agency signs your check? Please spell out)	(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)
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<b>YOUR PARENT AGENCY IS:</b>	Federal	State	Local	Military	Other
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**SUPERVISOR'S APPROVAL INFORMATION**

<b>APPROVED BY (Please print clearly):</b>	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: (____) _____ -- _____