

# MPTC



\*Excellence Through Education

## BRIDGE ACADEMY Q-Z IN PERSON TRAINING WAIVER REQUEST FORM

Student Name: \_\_\_\_\_

ACADIS User ID: \_\_\_\_\_

Agency: \_\_\_\_\_

Requested By: \_\_\_\_\_

Instructor Certification:

<input type="checkbox"/>	Defensive Tactics
<input type="checkbox"/>	EVOG
<input type="checkbox"/>	Firearms

Date Submitted: \_\_\_\_\_

*\* This section to be completed by MPTC Personnel*

Decision: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Date Letter sent: \_\_\_\_\_

<input type="checkbox"/>	Letter requesting waiver from Chief
<input type="checkbox"/>	Verified in ACADIS and with Statewide Coordinator