



GEORGIA BUREAU OF INVESTIGATION

Georgia Law Enforcement Criminal Intelligence Analysis Certification Program

Training Registration Form



Course Title: _____

Course Dates: _____

Location: _____

[Please Print All Information]

Name: _____

Department: _____

Business Mailing Address:

Street/Number or P. O. Box: _____

City: _____

State: _____

Zip Code: _____

Business Telephone Number: _____

Business Email Address: _____

Social Security Number
 or State Employee Number: _____

Employment Status (check one): Sworn: _____ Non-Sworn: _____

Attendance Status (check one): Primary: _____ Alternate: _____

OKEY Number (if Applicable): _____

Email completed form to: AnalystCertification@gbj.ga.gov or fax completed form to the attention of Valerie Gribble at **404-486-6446**. Telephone contact number is **404-486-6421**.