



FACILITIES USE REQUEST

State Form 49152 (R6 / 7-10)

Approved by State Board of Accounts, 2009

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

- INSTRUCTIONS:**
1. Mail completed form to Lt. Norm Camerer, Indiana Law Enforcement Academy, PO Box 313, Plainfield, IN 46168; or e-mail to ncamerer@ilea.in.gov. **Do not fax.**
 2. If your department needs to cancel a facility use reservation, it must be done no later than five (5) working days prior to the date of the reservation. **If a department does not show up or a cancellation is made any closer to the start date, your agency will be responsible for payment in full.**

NOTICE: Agency will be responsible for lost or damaged academy property and must replace or cover the cost of said equipment.

Title of course / seminar / program		Type of course <input type="checkbox"/> Recruit <input type="checkbox"/> In-service		ILEA course number
Name of agency / vendor			E-mail address	
Address of agency / vendor (number and street, city, state, and ZIP code)				
Name of agency / vendor contact		Telephone number ()		Name of ILEA officer in charge
Registration through: <input type="checkbox"/> ILEA Acadis <input type="checkbox"/> Vendor <input type="checkbox"/> Agency		<input type="checkbox"/> Course description attached (for vendor courses only)		

REQUIRED COURSE INFORMATION

Date and time of registration (month, day, year ; hour:minutes)		Date and time class begins (month, day, year ; hour:minutes)		Date and time class ends (month, day, year ; hour:minutes)	
Number of students	Number of instructors	Total needing lodging	Number needing prior night lodging	Number needing Sunday night lodging (must be pre-approved)	
Total number of meals (Special meal requests must be arranged with the officer in charge.)					
Breakfast _____		Lunch _____		Dinner _____	

REQUESTED TRAINING AREAS (check all that apply)

<input type="checkbox"/> Classroom(s) _____	<input type="checkbox"/> Firearms warehouse	<input type="checkbox"/> EVO skid car	<input type="checkbox"/> Cottage
<input type="checkbox"/> Conference room	<input type="checkbox"/> FATS room	<input type="checkbox"/> EVO pit car	<input type="checkbox"/> Computer lab
<input type="checkbox"/> Indoor firearms range	<input type="checkbox"/> FATS equipment rental	<input type="checkbox"/> Fitness center	<input type="checkbox"/> Pool
<input type="checkbox"/> Outdoor range A	<input type="checkbox"/> EVO road course	<input type="checkbox"/> Fitness trail	<input type="checkbox"/> Assembly hall / gym
<input type="checkbox"/> Outdoor range B	<input type="checkbox"/> EVO skill pad	<input type="checkbox"/> 1/5 mile track	<input type="checkbox"/> Mini gym A
<input type="checkbox"/> Simunition range C	<input type="checkbox"/> EVO simulators	<input type="checkbox"/> Forensic lab	<input type="checkbox"/> Mini gym B
<input type="checkbox"/> Simunition range D	<input type="checkbox"/> EVO simulators (AMOS)	<input type="checkbox"/> Learning resource center	<input type="checkbox"/> Training cars _____
<input type="checkbox"/> Tactical engagement center	<input type="checkbox"/> EVO pole barn	<input type="checkbox"/> Media center	<input type="checkbox"/> Other _____

SPECIAL NEEDS (check all that apply)

Audio Visual Equipment (Only indicate if training area is not normally equipped.)		Classroom Setup (Check item(s) needed and indicate number required.)	
<input type="checkbox"/> Video / computer projector	<input type="checkbox"/> TV / VCR combo	<input type="checkbox"/> Long tables _____	<input type="checkbox"/> Podium _____
<input type="checkbox"/> DVD player	<input type="checkbox"/> VHS camcorder	<input type="checkbox"/> Chairs _____	<input type="checkbox"/> Partition, open _____
<input type="checkbox"/> Document camera	<input type="checkbox"/> Computer with Power Point	<input type="checkbox"/> Chairs with desktops _____	<input type="checkbox"/> Partition, closed _____
<input type="checkbox"/> Overhead transparency projector			
Printed Materials (Check item(s) needed and indicate number required.)		How does your agency wish to be billed?	
<input type="checkbox"/> Agency / vendor to supply _____	<input type="checkbox"/> ILEA to supply _____	<input type="checkbox"/> Invoice <input type="checkbox"/> Credit hours	

DO NOT WRITE BELOW THIS LINE - For ILEA Use Only

Date request received (month, day, year)		Date facilities approval sent to agency / vendor (month, day, year)		Separate student fee paid directly to agency / vendor			
Indiana ILEA Fees				Out of State ILEA Fees			
Resident	Commuter	Facility	Equipment	Resident	Commuter	Facility	Equipment
Routing							
Initial of facilities manager	Date (month, day, year)	Initial of business office	Date (month, day, year)	Initial of registrar	Date (month, day, year)	Initial of ILEA routing	Date (month, day, year)

Comments
