



Louisville Metro Police Department Training Advisory Board Application

Name: _____

Street Address: _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Occupation: _____

Employer: _____

List any information (e.g. experience, community activities, education, etc.) that you think should be considered for your appointment to this Board:

**Return this completed application to: LMPD Training Division
2911 Taylor Boulevard
Louisville, KY 40208
OR
Email: David.Ray@louisvilleky.gov**