



# Active Shooter & A.L.I.C.E Training

Aurora Police Department  
1200 E. Indian Trail  
Aurora, IL 60505

ATTN: Ofc. Chris Arbet  
Mail Completed Application  
to Aurora Police Department or  
Scan to: [activeshootertraining@aurora.il.us](mailto:activeshootertraining@aurora.il.us)

All applicants must be 18 years of age or older. A background check will be conducted on each applicant. The Aurora Police Department reserves the right to deny entry to either class based on the findings of that background check. Mail completed application to the above address or scan a signed application to the above email address.

Please check the following class that applies:

**A.L.I.C.E. Requirements:** I belong to an Aurora Government Agency. (Hospital, School, Library etc.)

**Active shooter Requirements:** I either live in, work in or own property in Aurora.

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at your current address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

If less than 5 years at your present address, provide previous address:

Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I signify the above information to be accurate.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date