



Washington/Baltimore HIDTA Training Registration Form

Press the "SAVE" button below and email completed forms to Registration@wb.hidta.org

**** All fields are required for the form to be processed ****

Requesting Access to and or Training: (Check all that apply) New User Existing User Refresher Course

Secure Access (SSL) Case Explorer (CE) Performance Management Process (PMP)
 GangNet (GIS) Network Files Access Communication Analysis Portal (CAP)

Date of Request _____

Date of Training Class* _____

*CE Training dates for the Washington/Baltimore region can be found [HERE](#)

Requestor's Full Name _____ DOB: _____
First MI Last

Agency _____

Agency Type: Federal State Local Military Other: _____

Assigned to HIDTA Initiative: Yes No

Dept/Initiative/Task Force _____

Agency/Dept/Init/TF Address _____

Email Address _____

Phone Number _____ ext. _____

Alternate Number (optional) _____

Supervisor's Name _____

Email Address _____

Phone Number _____ ext. _____

Please direct questions to Registration@wb.hidta.org

FOR OFFICE USE ONLY	
Type of Training: _____	Date Trained: _____
Coordinator: _____	SSL Username: _____