



John H. Stamler Police Academy

1776 Raritan Road, Scotch Plains, New Jersey 07076

Telephone 908.889.6112 ♦ FAX 908.889.6359

www.ucnj.org/policeacademy

Bicycle Patrol I (Basic)

3.0 POLICE COMMUNITY RELATIONS -- 3.14 Bicycle Patrol

NEW DATES! Monday through Friday, June 8-12, 2015 (FIVE DAYS) 9 a.m. to 4 p.m.

(Originally scheduled for Monday-Friday, June 1-5)

Instructor: Detective Mark Stallone, Berkeley Heights Police Department

Officers will learn basic bicycle patrol techniques in this course. Instruction will include safe bicycle operation, laws governing bicycles as vehicles, nomenclature, riding techniques, defensive cycling, nutrition, first aid, fitness, equipment repair and maintenance. Students will demonstrate competency through practical application of basic riding skills.

Mandatory equipment: Mountain bike (duty bike preferred) with foot retention device; approved ANSI and/or Snell bicycle helmet; shatter resistant eye protection; a pair of bicycle gloves; water bottle.

Attire: Appropriate duty uniform, rain gear (optional), tee shirt, sweatshirt, sweatpants, lightweight pants, shorts (weather permitting), sneakers, riding shoes (optional) and a pair of latex gloves.

Cost: Out-of-county Personnel: \$150. Union County Personnel: No charge.
Checks payable to: UCPO Police Academy Training Account.

REGISTRATION -- Please complete and fax to 908.889.6359.

PLEASE PRINT LEGIBLY AND PROVIDE ALL INFORMATION REQUESTED!

Registrant's Last Name First Name Rank Telephone #

Cell Phone ____-____-____ FAX ____-____-____ Email _____@____._____

We ask that you provide this contact information in the event we need to contact the registrant directly concerning the status of this course offering, especially to aid with course cancellation or postponement.

Certification: This is to certify the above-named registrant is protected for both workers compensation and liability coverage under our insurance program. A certificate of insurance outlining this coverage will be furnished upon request.

PLEASE PRINT:

Department/Agency Chief or Training Officer Signature

Date Telephone Number FAX Number Email Address