



Public Safety Division, Criminal Justice Department

## Law Enforcement Recruit Academy

To apply you must submit:

- **FVTC college application.** A \$30 fee will be charged if you are **accepted** to the academy and have not made previous application to the college.
- **DJ-LE-327** LE Non -Sworn Application form including essays.
- **DJ-LE-332** Medical Assessment form completed by medical professional. \* (Valid for 21 months)
- **DJ-LE-310** Student Authorization for Release of Information.
- **DJ-LE-250** Criminal History Record Check Request Form. Mail with the \$12.00 General Public fee to *Crime Information Bureau, Attn: Record Check Unit, PO Box 2688, Madison, WI 53701-2688*; **do not send to FVTC**. The Crime Information Bureau will send the record results directly to FVTC. You need to **include** a stamped envelope addressed to *Fox Valley Technical College, Attn: Christine Poquette, Academy Assistant, 1825 North Bluemound Drive, PO Box 2277, Appleton, WI 54912*. \* (Valid for one year)
- **official driver's abstract** obtained from the Wisconsin Department of Transportation. Log on to the WI DOT website using the following link and follow the instructions to purchase your driving record. <http://wisconsindot.gov/Pages/online-srvcs/other-servs/request-record.aspx>. \*
- **original** birth certificate to provide verification of age and citizenship. This will be returned.
- **photocopy** of your high school diploma, general educational development diploma, or PI-1205 for applicants who have completed a home school program in Wisconsin.
- **official college transcript** showing 60 completed college credits from an accredited college. Original transcripts must be sent directly to the attention of *Christine Poquette, FVTC, 1825 North Bluemound Drive, PO Box 2277, Appleton, WI 54912*. \*

**Unless otherwise noted, all application materials should be sent directly to Fox Valley Technical College, Attn: Christine Poquette, Academy Assistant, 1825 North Bluemound Drive, PO Box 2277, Appleton, WI 54912.**

Only completed applications received prior to the deadline date will be considered for the academy. Applicants submitting all required materials will be invited to interview with a panel of criminal justice executives and scheduled to complete a physical readiness test\* (Valid for 180 days). Only applicants that have meet the entrance and fitness requirements set by the Department of Justice will be eligible for academy participation. Details on the interview and physical readiness test will be provided to applicants once review of submitted materials is complete.

Your acceptance to the Law Enforcement Academy is not final until you have successfully completed the physical readiness test, interview, and supplied required documentation. Applicants accepted into the program will be notified approximately 3-4 weeks prior to the start of training.

Agency sponsoring applicants will receive spots in the academy before a self-sponsoring applicant.

Fox Valley Technical College currently offers a Spring academy, Summer academy and a Fall academy. Application deadlines are approximately two months prior to the start of each academy. For specific dates, please contact the Academy Assistant at (920) 735-2482.

*\*These items may require additional fees.*



# APPLICATION FOR ADMISSION

You can also apply online: [www.fvtc.edu/Apply](http://www.fvtc.edu/Apply)

PLEASE PRINT CLEARLY IN INK

1. Legal name: Last First Middle
2. Former last name(s) (if applicable):
3. Current mailing address:
4. City: State: Zip Code:
5. Permanent address (if different):
6. City: State: Zip Code:
7. Primary phone number ( )  Home  Cell  Work
8. Email address
9. Social Security Number (not required)
10. Date of Birth (MM/DD/YY)
11. Gender:  Male  Female
12. Are you a U.S. Veteran, Active Duty Armed Service Member, or a current member of the National Guard or Reserve?  Yes  No
13. Are you in the U.S. on a Visa?  Yes  No
- 13a. If yes, Visa Type ..... Visa No. ....
14. I am a legal resident of (circle one): City / Village / Township
- 14a. City/Village/Township County State
15. Name of high school district in which you now reside:

**The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college.**

16. Select highest degree earned by either parent:
  - None  Bachelor's degree
  - High school diploma  Associate degree
  - Master's or beyond
17. The following questions relate to racial and ethnic identity. Please respond to both questions.
- 17a. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?  Yes  No
- 17b. Select any other group or groups that apply to you.
  - American Indian or Alaska Native.** A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
  - Asian.** A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
  - Black or African American.** A person whose ancestors include any of the black racial groups of Africa.
  - Native Hawaiian or other Pacific Islander.** A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.
  - White.** A person whose ancestors include native peoples of Europe, the Middle East or North Africa.

18. I wish to attend Fox Valley Technical College at ..... Campus

19. Have you attended this college before?  Yes  No If yes, last year and semester attended .....

20. List previous colleges and universities attended (official transcript will be required for credit transfer)

College/University Name	City	State/Province	Date Attended	Date Graduated

21. Semester you wish to begin  Fall  Spring  Summer (if applicable) Year .....

22. Program/major choice ..... Undecided?  Program number (if known) .....

23. Name of last high school attended ..... City ..... State .....

24. If you did not complete high school and receive a diploma, have you completed either the GED Tests  Yes  No or HSED?  Yes  No  
If yes, date completed (MM/YY) ..... Test Center .....

25. Are you a high school student?  Yes  No If yes, expected date of graduation (month/year) .....

26. Select the highest credential received:
- No credential (No GED or higher)  High school diploma  1-year diploma  Associate degree plus additional credential
  - GED  Some college (postsecondary credit)  2-year diploma  Bachelor's degree
  - HSED  Short-term diploma  Associate degree  More than Bachelor's degree

27. I certify that the information on this application is true and complete to the best of my knowledge ..... Signature/Date



## APPLICATION FOR ENROLLMENT

### BASIC LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER TRAINING

**NOTICE:** All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION			
Name (Last, First, Middle)	Date of Birth (mm-dd-yyyy)	Social Security # (xxx-xx-xxxx)	
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

In the past, have you ever enrolled in a basic law enforcement, jail or secure juvenile detention officer training academy or courses?

Yes  No

What type(s) of basic training did you enroll in? Law Enforcement  Jail  Secure Juvenile Detention  Not applicable

If applicable, include the name and location (city and state) of the school(s) where you enrolled in basic training:

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Are you a United States citizen? Yes  No

Do you have a high school diploma, GED or HSED? Yes  No

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes  No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes  No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes  No

Are you prohibited by state or federal law from possessing a firearm? Yes  No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes  No

2. EDUCATION			
Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
High School(s)			
College(s)			

### 3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

**4. MILITARY SERVICE**

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service?    Yes         No         Not Applicable

**5. REFERENCES**

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:  
 Position/Title/Profession:  
 Number of Years Acquainted:  
 Address:  
 City/State/Zip:  
 Telephone Number:

Name:  
 Position/Title/Profession:  
 Number of Years Acquainted:  
 Address:  
 City/State/Zip:  
 Telephone Number:

Name:  
 Position/Title/Profession:  
 Number of Years Acquainted:  
 Address:  
 City/State/Zip:  
 Telephone Number:

**6. GENERAL**

**Attach no more than one additional page for each answer.**

- A. Why have you chosen to enroll in basic law enforcement, jail and/or secure juvenile detention officer training?
- B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

**APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW**

Information provided and statements made as part of this application may be grounds for not allowing you to enroll in basic training or for dismissing you after training has already begun. All information and statements made are subject to verification.

**CERTIFICATION**

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM ALLOWED TO PARTICIPATE IN BASIC TRAINING, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL FROM TRAINING.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date Signed



## INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSESSMENT FORM (DJ-LE-332)

### EMPLOYERS:

Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Medical Assessment form for the licensed Physician, Physician Assistant, or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Medical Assessment form shall be maintained by the hiring agency. The medical assessment must be conducted no more than nine (9) months prior to the first date of employment.

### TRAINING SCHOOLS:

Training schools shall ensure the medical assessment is completed prior to the initial physical fitness assessment at the start of the academy. The completed Medical Assessment form shall be maintained by the training school in the student's records.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (SECTIONS 1 – 4)

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Sex:** Mark the appropriate box for the sex of the applicant.
3. **Position or Training Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail, or Juvenile Detention Officer.
4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER (SECTIONS 5 – 9)

5. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied, or the preparatory training involved? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position and participating in preparatory training.
6. **Medical Assessor's Printed Name and Title:** Printed name and title of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
7. **Medical Assessor's Signature:** Signed name of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
8. **Date of Medical Exam:** Include the date the exam was conducted (month, day, year)
9. **Medical Assessment Clinic/Hospital Location:** Include the name of the clinic or hospital where the assessment was conducted and the address of the clinic or hospital.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE APPLICANT (SECTIONS 10-11)

10. **Applicant's Signature:** The applicant signs the completed form after the medical exam acknowledging the results of the assessment and the forms validity for 21 months from the date of the exam noted in item 8 for entrance into preparatory training; the forms validity for 9 months from the date of the exam noted in item 8 for employment with a law enforcement agency; and the applicant's responsibility to notify the training school and/or their hiring agency of any changes in their health during that time.
11. **Signature Date:** Enter the date on which the medical assessment form is signed by the applicant; should be the same as, but no earlier than the date in section 8 of the medical assessment form.





## STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

*(For official use only, not to be released to unauthorized persons)*

I, \_\_\_\_\_, authorize  
*(Student Name)*

**Fox Valley Technical College** \_\_\_\_\_, (referred to  
*(Training School Name)*

hereafter as “the Training School”) to release to the Wisconsin Department of Justice, Training and Standards Bureau and/or its employees (collectively referred to hereafter as “the Bureau”) any and all academic records or information in the possession of the Training School (technical college or employer-based academy) related to my attendance, performance, achievement and all other aspects of my participation in any training courses and/or programs including, but not limited to, the academic records listed on the reverse side of this form, for the purpose of validating that the Training School and its students meet eligibility and certification standards established by the State of Wisconsin Law Enforcement Standards Board.

I also authorize the Bureau to disclose any or all of the information described in the preceding paragraph to any training school certified by the Law Enforcement Standards Board. Furthermore, in the event that I am employed by or have applied for employment with one or more law enforcement, jail and/or secure juvenile detention employers, I authorize the training school and/or the Bureau to disclose any or all of the information described in the preceding paragraph to such employers. I understand that this authorization will remain in effect until I rescind it by submitting a letter to the director of the Bureau and the director of the Training School specifying that I no longer wish to authorize access to my academic records or information.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature - Full Name*

**MINIMUM ACADEMIC RECORDS MAINTAINED ON  
STUDENTS IN PREPARATORY LAW ENFORCEMENT, JAIL AND  
SECURE JUVENILE DETENTION OFFICER TRAINING PROGRAMS, AND  
STUDENTS IN INSTRUCTOR DEVELOPMENT AND TOPIC SPECIFIC  
INSTRUCTOR COURSES**

- Student rosters including enrolled student names and social security numbers.
- Attendance records.
- Student withdrawal/termination from training.
- Any incomplete or failed program.
- Documentation of any disciplinary or other problems and sanctions imposed.
- Staff evaluations of student performance.
- Disability accommodation requests and approval documentation.
- Exams and examination results, including scenarios and scenario evaluation results.
- Performance assessment tasks and performance assessment task results.
- Completed skills competency checklists for specific skills subjects.
- Board-approved student transcripts (DJ-LE-302, DJ-LE-307, DJ-LE-308, and DJ-LE-309).
- Signed copy of the Law Enforcement Code of Ethics or Jail Officer Code of Ethics.
- Signed form attesting that the school's written rules, penalties and grievance procedures have been distributed, read and understood.
- Signed form attesting that the school's grading policy has been distributed, read and understood.
- Verification of a valid driver's license.
- Completed copy of the *Application for Enrollment in Basic Law Enforcement, Jail and/or Secure Juvenile Detention Officer Training (DJ-LE-327)*.
- Record of oral interview, including questions asked, notes taken by interviewers, and applicant responses.
- Results of criminal history records check.
- Completed *Physician's Assessment* form (DJ-LE-332), providing authorization by a licensed physician, physician assistant, or nurse practitioner for student participation in preparatory training.
- Verification that the student has a general educational development diploma or is a high school graduate who has completed a secondary education program through a public school, private school, an equivalency diploma program, or home education program within the United States or its territories.
- Official college transcript showing attainment of at least 60 fully-accredited associate degree level college credits or higher.
- Completed copy of the *Birth Certificate Verification* form (DJ-LE-322), or a certified copy of the student's birth certificate.
- Completed copy of the *Criminal Justice/Corrections Associate Degree Certification Track Student Declaration* form (DJ-LE-328).
- Completed copy of the *Criminal Justice/Law Enforcement Associate Degree Certification Track Student Declaration* form (DJ-LE-329).
- Completed copy of the *32-hour Criminal Justice Instructor Development Course Application* form (DJ-LE-335), and all additional documents requested on the form for admittance into the Criminal Justice Instructor Development Course (CJ-IDC).
- Completed copy of the *Instructor Training Course Application form for LESB-Approved Topic Specific Instructor Courses* (DJ-LE-336), and all additional documents requested on the form for admittance into a topic-specific instructor course.



STATE OF WISCONSIN DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 7/11)

DIVISION OF LAW ENFORCEMENT SERVICES Crime Information Bureau Record Check Unit

PO Box 2688 Madison, WI 53701-2688 608/266-5764

WISCONSIN CRIMINAL HISTORY SINGLE NAME RECORD REQUEST

\* A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type - Check Only One

- Government Agency \$12.00\*
General Public \$12.00\*
Nonprofit Org. \$12.00\*
Public Defender (Fee Exempt)
SPD #
Police Certificate \$20.00 (Must include fingerprint card)

Request Purpose - Check Only One

- General Information
Public Housing
Caregiver - General (\*Add \$3 DHS fee)
Child Day Care - Caregiver (\*Add \$3 DHS fee)
Provide either Facility # or Certifying Agency #

Payment Type - Check Only One

- Bill Account Number # (not available for police certificate)
Amount Enclosed \$

Search for a Record on: (Please type or print legibly)

\* Name: (Last) / (First) / (Middle)

\* Sex: \* Race: \* Date of Birth: (MM) / (DD) / (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

\* Required Data

Return request to: (Include a self-addressed, postage-paid envelope)

Name: Fox Valley Technical College Attn: Christine Poquette
Street: 1825 N. Bluemound Drive Phone:
FAX:
City, State, Zip: Appleton, WI 54914 E-mail:

FOR CIB USE ONLY

Special Processing Instructions:

Four horizontal lines for special processing instructions.

## General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request **must** provide:

- (1) **Requestor Type.** Check the box for your requestor type. If you are a nonprofit organization, you must include a copy of your 501(c)3 ruling from the IRS. If you are a state public defender, you must include your SPD number.
- (2) **Request Purpose.** Check the “General Information” box unless you need the special processing described below. Requests received without a request purpose checked will be processed as “general information.”

Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development(DWD)) must check the “Child Day Care” box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation **must check the “Caregiver Background Check – General” box.**

- (3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHFS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. **A check or money order must accompany all other requests. Make checks payable to the Wisconsin Department of Justice.**
- (4) **Enter the complete name, sex, race, and date of birth of the individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.
- (5) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped “No Record” if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the “Return request to” section and Child Daycare results will be returned to the address on file at DHFS or DWD.
- (6) **Complete the “Return request to” section.**

Mail requests to: Crime Information Bureau Attn: Record Check Unit PO Box 2688 Madison, WI 53701-2688

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees, plus any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice:

- (a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, \$7.00
- (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$7.00.
- (ar) For each fingerprint card record check, \$15.
- (b) For each record check by any other requestor, \$7.00.

(1m) The department of justice shall impose a \$5 surcharge if a person requests a paper copy of the results of a criminal history search requested under sub. (1).

(2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

**1999 WISCONSIN ACT 9** This act authorizes the Department of Health Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$3 and is effective April 1, 2000. The Department of Justice has agreed to collect this fee for DHS.

## Requestor Type Category Definitions

**Nonprofit Organization** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of the organization's 501 {c} {3} ruling from the Internal Revenue Service].

**Governmental Agency** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

**Any Other Requestor** – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

**Police Certificate** – A fingerprint-based criminal history search most commonly needed for purposes of immigration or adoption. This search is of Wisconsin criminal history records only. Searches for other states must be performed through each state or the FBI. Please indicate any special processing instructions in the space provided.