COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

EDUCATION AND TRAINING RECORD

NAME _____ AGENCY _____

SSN _____ DOB _____ DOE _____ RANK _____

DATE COMPLETED	COURSE TITLE	SPONSORING AGENCY	CLASSROOM HOURS	FIREARMS	COLLEGE HOURS

I have personally verified the information that appears on this page and attest that it is true and correct.

Date _____ Signature of Department Head or Designee _____ Position _____