



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor		Telephone number ()	
Location of training		Name of contact person at training site	
Title of course		Name of primary instructor	
Check one <input type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature		Printed name	Date (month, day, year)
Dates of training (month, day, year) From To	Provider or instructor number	Course number	Inservice credit (hours)

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
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