

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
CATALOGED TRAINING COURSE ROSTER

CATALOG COURSE NUMBER: _____

COURSE TITLE: _____	TOTAL TRAINING HOURS: _____
AGENCY PROVIDING TRAINING: _____ _____	
TRAINING LOCATION (City/Town): _____	DATE(S): _____

Last, First, MI	Signature	CLEET#	Department
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I am attesting to the attendance of these students to the course listed above.

Course Instructor Signature (REQUIRED)