

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
MANDATORY TRAINING
FOR CREDIT YEAR 20
 Please Type

Page _____ of _____ Pages
 Name of Agency conducting this course _____
 Agency Phone Number: _____

	SOC. SEC. #	NAME OF TRAINEE	DATE OF COMPLETION
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INSTRUCTOR STATEMENT:
 I certify that the above named law enforcement officer(s) successfully completed Mandatory Training for 20____.

 AGENCY HEAD OR TRAINING DIRECTOR DATE