

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
APPLICATION FOR TRAINING CREDIT
(ANY AGENCY OTHER THAN THE DOCJT)

Name of Agency conducting this course

Page _____ of _____ Pages

Agency Unit Number: _____

KLEC APPROVED NO. _____ - _____ COURSE TITLE: _____

CLASS LOCATION: _____

CLASS DATE: _____

CLASS HOURS: _____

	SOC. SEC. #	NAME OF TRAINEE	DEPARTMENT	GRADE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

INSTRUCTOR STATEMENT:

I certify that the above named police officer(s) successfully completed the above named training course.

INSTRUCTOR

DATE

KLEC EXECUTIVE DIRECTOR:

The above named course is approved or recognized by the Kentucky Law Enforcement Council for training credit.

KLEC EXECUTIVE DIRECTOR

DATE