

**PEACE OFFICER STANDARDS AND TRAINING COMMISSION
IN-SERVICE TRAINING ROSTER FOR _____**

(Month/Year)

I CERTIFY THE BELOW LISTED
INFORMATION TO BE CORRECT.

DEPARTMENT RECEIVING TRAINING: _____

(Please list each department on a separate roster and in alphabetical order)

Signature of Training Officer

Name:	PSID:	Hrs:	Training:	Location:	Date:	Date:	Date:	Date:	Date:	Test:	F/A

Assistant Firearms Instructor: _____

Firearms Instructor: _____

CSA: ____/____/____

MI: ____/____/____

EVOC: ____/____/____

F/A: ____/____/____