Illinois Law Enforcement Training and Standards Board

4500 South Sixth Street Road Springfield, IL 62703 Telephone: 217-782-4540

FOR OFFICE USE ONLY				
System Number				
PTB System				

CLASS ROSTER SHEET

PLEASE TYPE: NAME OF TRAINING FACILITY:	SCHOOL LOCATION:			COURSE TITLE:				
DATE:	PROGRAM HOURS:	TOTAL ENROLLMENT:		COURSE DIRECTOR:				
Officer (Last Name, First Name MI)	PTB ID	Agency	Dat Appoi	te of ntment	*P/F	Written Exam Grade	Weapon Type** SA/R	Firearms Score
^e P=Part-Time F=Fu	ıll-Time		<u>.</u>	÷	**SA=	Semi-Autor	natic R=	Revolver

Academy Director Signature