Illinois Law Enforcement Training and Standards Board

500 South Ninth Street Springfield, IL 62701 Telephone: 217-782-4540

FOR OFFIC	FOR OFFICE USE ONLY						
System Number							
PTB System							

PLEASE TYPE:			CLA	SS ROSTER S	HEE	T					
NAME OF TRAINING FACILITY:	SCHOOL LOCATION:						COURSE TITLE:				
DATES:	PRO	GRAM HOURS:		TOTAL ENROLLMENT:			COURSE DIRECTOR:				
Officer (Last Name, First Name MI)		PTB ID		Agency		Date o	of nent	*P/F	Written Exam Grade	Weapon Type** SA/R	Firearms Score
P=Part-Time F=Full-Time		·							**SA=Semi-	Automatic	R=Revolver

Academy Director Signature