KENTUCKY CONSTABLE ASSOCIATION TRAINING
SIGN-IN SHEET

COURSE TAUGHT: _____ (____ Hrs)

INSTRUCTOR: _____ COURSE LOCATION: _____

PLEASE FILL OUT LEGIBLY

FIRST NAME	LAST NAME	DEPARTMENT / AGENCY

I hereby acknowledge that the above named Constable(s) successfully completed the aforementioned Law Enforcement Training.

DATE: ____/____/____ TRAINING MANAGER SIGNATURE: _____

DATE: ____/____/____ TRAINING DIRECTOR SIGNATURE: _____

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