## 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 HO	PROGRAM HOURS: TOTAL ENROLLMENT:			COURSE DIRECTOR:				
0.07				_	2				51
Officer (Last Name First)	PTB II numbe		Department	Dat Appoir		*P/F	Written Exam Grade	Weapon Type**SA/R	Firearms Score
							_		
*P=Part-Time F=Full-Time	e	·			**SA=	Semi-	Automatic	R=Revolv	er
Academy Director Signature									