# Firearms Training

To: Executive Director

Indiana Law Enforcement Academy 5402 S County Road 700 E

Plainfield, IN 46168

I, the undersigned, hereby certify, under the pains and penalties for perjury, that the below named police officer has successfully completed the ten (10) hours of firearms training in accordance with the Refresher Course curriculum, and has fired the stated qualifying scores on the stated date(s).

Student’s Name:

Student’s PSID No.:

First Qualifying Score: Date:

Second Qualifying Score: Date:

Third Qualifying Score: Date:

Signature

Printed Name:

Instructor No.:

# Physical Tactics Training

To: Executive Director

Indiana Law Enforcement Academy 5402 S County Road 700 E

Plainfield, IN 46168

I, the undersigned, hereby certify, under the pains and penalties for perjury, that the below named police officer has successfully completed the ten (10) hours of physical tactics training in accordance with the Refresher Course curriculum on the stated date(s).

Student’s Name:

Student’s PSID No.:

No. of Training Hours: Date:

No. of Training Hours: Date:

No. of Training Hours: Date:

No. of Training Hours: Date:

No. of Training Hours: Date:

Signature

Printed Name:

Instructor No.: