

Entered/Issued: _____

By: _____

TRAINING LOCATION: _____ NUMBER OF OFFICERS: _____

TRAINING DATES: FROM: _____ TO: _____

CERTIFICATION OF CORRECTIONS INSTRUCTOR:

I hereby certify to the best of my knowledge that the below listed individuals are full-time “Peace Officers” (local jailers) unless otherwise noted.

I further certify that these individuals received a minimum of 90 hours of corrections training in accordance with POST council guidelines, with Firearms and Defensive Tactics instruction provided by appropriate POST-certified instructors.

FALSIFICATION OF INFORMATION ON THIS FORM MAY RESULT IN WITHDRAWAL OF INSTRUCTOR CERTIFICATION.

Signature of POST Corrections Instructor

Printed Name of POST Corrections Instructor

Phone Number: _____

Address to mail certificates to: _____
(Please type or print)

List additional **POST Corrections Instructors** who helped during this class:

