

**Louisiana Commission on Law Enforcement  
PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

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## Training Coordinator Designation Form

(If there is Training Coordinator designated by the agency head, the agency head will be designated as Training Coordinator.)

**OLD TRAINING COORDINATOR, IF APPLICABLE (Please print or type)**

Last Name	First Name	Email address

**NEW TRAINING COORDINATOR (Please print or type)**

LAST NAME, & GENERATION (if applicable) (Jr, Sr., II, III, IV, etc.)	FIRST NAME	MIDDLE INITIAL	Agency Name
Phone Number	Email Address		Social Security Number

\_\_\_\_\_  
**Signature of Chief/Sheriff/Agency Head (Required for Processing)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Chief/Sheriff/Agency Head (Required for Processing)**