Louisiana Peace Officer Standards and Training

Training Coordinator Designation

Submit by email **ONLY** to POST@lcle.la.gov

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE FORMS WILL NOT BE PROCESSED.

Former Training Coordinator (if applicable)

Last Name:	First Name:	Email address:

New Training Coordinator

Last Name:	First Name:	Agency Name:

Phone Number:	Email Address:	Full SSN:

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

Date

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