COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

TELECOMMUNICATOR ATTENDANCE ROSTER

(Please type)

Name and Address of School, College or Sponsoring Agency

Dates of Course	Total Class Hours	Course Title	C.L.E.S.T. Course Number

Full Name	Full SSN	Agency	Hire Date	D.O.B.

Signature of School Director or Coordinator

Date

Telephone:

Note: Please be sure to include full SSN.