Form 68-3

Form Must Be Typed

Kentucky Law Enforcement Council

APPLICATION FOR TRAINING RECORD

Mail: Kentucky Law Enforcement Council
2624 Research Park Drive
Lexington, KY 40511

Phone: (859) 622-6218
Email: KLECS@ky.gov
Web: https://justice.ky.gov/Boards-Commissions/KLEC

INSTRUCTIONS: This form must be completed and returned to KLEC for the student and the agency to comply with KRS 15.383. An instructor's signature is required. Each agency must submit one copy and retain one copy to demonstrate annual compliance with marksmanship qualification. Do not submit information for more than one agency per form.

	SSN or OL & STATE	NAME OF CERTIFIED OFFICER QUALIFYING	DATE QUALIFIED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

INSTRUCTOR STATEMENT: I CERTIFY THAT THE ABOVE NAMED CERTIFIED OFFICER(S) SUCCESSFULLY MET THE ANNUAL MARKSMANSHIP QUALIFICATION REQUIREMENT AS REQUIRED BY KRS 15.383 FOR THE YEAR ENDING ON DECEMBER 31, 20_____ AND THAT THE QUALIFICATION WAS CONDUCTED UNDER THE SUPERVISION OF A FIREARMS INSTRUCTOR WHO MEETS AT LEAST ONE OF THE FOLLOWING: (1) IS THE FIREARMS INSTRUCTOR OF THE QUALIFYING OFFICER'S AGENCY; (2) IS A CURRENTLY CERTIFIED PEACE OFFICER WHO HAS SUCCESSFULLY COMPLETED A KLEC-APPROVED FIREARMS INSTRUCTOR COURSE; (3) IS A FIREARMS INSTRUCTOR EMPLOYED BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING; OR (4) IS A CONCEALED DEADLY WEAPON INSTRUCTOR OR INSTRUCTOR-TRAINER CERTIFIED BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING.

SIGNATURE OF FIREARMS INSTRUCTOR WHO CONDUCTED QUALIFYING	*PRINTED NAME*	*DATE*
SIGNATURE OF QUALIFYING OFFICERS' AGENCY HEAD OR TRAINING COORDINATOR	*PRINTED NAME*	*DATE*

NAME OF AGENCY OF QUALIFYING OFFICER(S)