

**Form 68-1***Form Must Be Typed***Kentucky Law Enforcement Council***APPLICATION FOR TRAINING CREDIT*

**Mail:** Kentucky Law Enforcement Council  
 Funderburk Building  
 4449 Kit Carson Drive  
 Richmond, KY 40475

**Phone:** (859) 622-6218 **Fax:** (859) 622-5943  
**Email:** KLECS@ky.gov **Web:** KLECS.ky.gov

**INSTRUCTIONS:** This form must be completed and returned to the office for a student to receive training credit for KLEC approved courses. A signature of the instructor or a copy of a certificate of completion is required.

\_\_\_\_\_  
**NAME OF AGENCY CONDUCTING THIS COURSE**

**KLEC APPROVED #:** \_\_\_\_\_ **COURSE TITLE:** \_\_\_\_\_

**CLASS LOCATION:** \_\_\_\_\_ **CLASS DATE:** \_\_\_\_\_ **Class Hours:** \_\_\_\_\_

	<b>SSN #</b>	<b>NAME OF TRAINEE</b>	<b>DEPARTMENT</b>	<b>GRADE</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

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<u>SSN #</u>	<u>NAME OF TRAINEE</u>	<u>DEPARTMENT</u>	<u>GRADE</u>
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

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	<u>SSN #</u>	<u>NAME OF TRAINEE</u>	<u>DEPARTMENT</u>	<u>GRADE</u>
41.	_____	_____	_____	_____
42.	_____	_____	_____	_____
43.	_____	_____	_____	_____
44.	_____	_____	_____	_____
45.	_____	_____	_____	_____
46.	_____	_____	_____	_____
47.	_____	_____	_____	_____
48.	_____	_____	_____	_____
49.	_____	_____	_____	_____
50.	_____	_____	_____	_____
51.	_____	_____	_____	_____
52.	_____	_____	_____	_____
53.	_____	_____	_____	_____
54.	_____	_____	_____	_____
55.	_____	_____	_____	_____

I certify that the above named student(s) successfully completed the above named KLEC approved training course.

INSTRUCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**KLEC EXECUTIVE DIRECTOR:**

The above named course is approved by the Kentucky Law Enforcement Council for training credit.

\_\_\_\_\_  
 KLEC EXECUTIVE DIRECTOR

\_\_\_\_\_  
 DATE