

INSTRUCTOR'S REPORT OF CERTIFIED LAW ENFORCEMENT TRAINING (PFN9)

NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD SFN 62309 (11/23)

| Course Number | Title of Course | Instructor Number | Beginning D | ate | End L | ate |
|--|---|-------------------------|-------------|----------|-----------------------|-----|
| Instructor Name | Agency Name | | | | | |
| Mailing Address | | City | | State | te ZIP Code | |
| Email Address | | Work Telephone Number C | | Cell Tel | Cell Telephone Number | |
| Location of Trainin | g | L | | | | |
| Peace Officer License Number | Name of Peace Officer Completing the Course (Last Name, First Name, Middle Initial) | Department | | | Hours | |
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| Instructor Signature/Program Coordinator (typed name is the legal equivalent of a handwritten signature) Date | | | | | | |
| Please retain a copy of this form and forward the original within thirty (30) days to the POST Board at: | | | | | | |

POST Board PO Box 1054 Bismarck ND 58502-1054