

202 Act 180 In-Service Municipal Police Officer's Training
 (P D to Bill Hale E K D O H # P H U F \ K X U V W H G X
 Director, Law Enforcement Programs
 Mercyhurst 8 Q L Y H U V L W \

E-mail : _____

De

Department Mailing Address : _____

PLEASE FILL OUT ENTIRELY

NAME OF OFFICER	Last 4 digits SS #	LOCATION	SESSION #
	Or Certification #		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
14.			
15.			