

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**  
**STANDARDS DIVISION**  
 2401 Egypt Road  
 Ada, Oklahoma 74820-0669  
 (405) 239-5100 or (580) 310-0871

<b>TRANSMITTAL FORM - REPORT OF TRAINING</b>
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**Form must be signed by the agency administrator in order for credit to be given for training.**

All areas MUST be completed for processing.

CLEET No.	Last Name	First Name	Middle Initial

Department NCIC No.	Department Name	Department City

<b>REPORT OF TRAINING</b>		Training not submitted on a roster from a pre-approved recognized provider.
Title of Course Attended	Training Provider Company	Training Hours Completed This Course
Instructor	City and State where training was conducted.	
Beginning Date of Course	Ending Date of Course	

The officer listed above was assigned to attend the above training by this agency. I request that CLEET allow credit for this training as submitted. The above information has been verified and is true and correct to the, best of my knowledge. I also have verified that the training hours have not been submitted by another provider or the officer.

\_\_\_\_\_  
 AGENCY ADMINISTRATOR  
 (Please print)

\_\_\_\_\_  
 SIGNATURE OF AGENCY ADMINISTRATOR

\_\_\_\_\_  
 DATE