



LAW ENFORCEMENT TRAINING ROSTER
 State Form 46167 (R / 5-09)
 LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor INDIANA MARSHALS' ASSOCIATION		Telephone number (574) 398-8364
Location of training COLUMBUS P.D.		Name of contact person at training site MICHAEL CLARK, V.P.
Title of course FALL TRAINED		Name of primary instructor

Check one
 Successfully completed
 Incomplete
 Failed
 Other

I affirm that the information contained herein is complete and accurate to the best of my knowledge.

Signature of applicant <i>Michael Clark</i>	Printed name MICHAEL CLARK	Date (month, day, year) 10/4/2014
Date of training (month, day, year) From 10/4/14 To 10/4/14	Provider or instructor number 35-1733922	Course number "INTERACT" & SUPERVISION
		Inservice credit (hours) 3 hrs.

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1.	Mohr	ERIC	C	LIZTON PD
2. 73612243	MOANTON	ERIC	E.	OLDENBURG
3. 5025-5024	HALLAM	CHARLES	J	CLOVERDALE
4. 5631-6045	DRAMM	WILLIAM	H	OLDENBURG
5.	GOLDMAN	KEAT		CLOVERDALE PD
6.	B MARSHALL	BILL		CLOVERDALE PD
7.	HURLEY	WILLIAM	-	CLOVERDALE PD
8. 1709-5321	KEEN	RONALD	W	CARBON PD
9.	ALLEN	SCOTT	T	GALESTON PD
10.	MARTIN	LINDSEY	A	CLOVERDALE
11. 8481-2554	MARTIN	JAMES	K	CLOVERDALE PD
12. 6210-7235	DULWORTH	STEVE	-	CLERMONT
13.	FINE	CHRIS	L	KINGSFORD HTS
14.	AMES	STEPHEN	R.	KINGSFORD HTS
15.	CLARK	MICHAEL	O	CLOVERDALE PD
16.	MAC BOSLEY	DON	R	VAN BUREN PD
17. 4121-4622	WRASTER	MARK	A	HUDSON PD
18.	CORCUS	DANIEL	L	HUDSON PD
19. 5227-7585	THOMSON	MICHAEL	A	BUNKER HILL PD
20. 5337-7723	DODD	BRIAN	L	BUNKER HILL



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Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____		
I affirm that the information contained herein is complete and accurate to the best of my knowledge.		
Signature of applicant <i>Michael Clark</i>		Printed name MICHAEL CLARK
Date of training (month, day, year) From 10/4/14 To 10/4/14		Provider or instructor number 35-1733922
		Course number "INTERACT" SUPERVISION
		Date (month, day, year) 10/4/2014
		Inservice credit (hours) 3 hrs.

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 9624-0708	CONCUS	Daniel	L	HUDSON PD
2.	Mohr	ERIC	E	LIZTON IXL
3.	Haggus	Mark	A.	Silver Lake/Punker Hill
4.	Weitzel	Randy	L	Excise
5. 5845-1383	Crisler	Adam	R	Excise
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