

Form 68-3

Form Must Be Typed

Kentucky Law Enforcement Council

APPLICATION FOR TRAINING RECORD



Mail: Kentucky Law Enforcement Council
Suite 401, 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 KLEC for the student and the agency to comply with KRS 15.383. An instructor's signature is required. Each agency must submit one copy and retain one copy to demonstrate annual compliance with marksmanship qualification. Do not submit information for more than one agency per form.

SSN or OL & STATE	NAME OF CERTIFIED OFFICER QUALIFYING	DATE QUALIFIED
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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

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SSN or OL & STATE	NAME OF CERTIFIED OFFICER QUALIFYING	DATE QUALIFIED
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SSN or OL & STATE	NAME OF CERTIFIED OFFICER QUALIFYING	DATE QUALIFIED
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SSN or OL & STATE	NAME OF CERTIFIED OFFICER QUALIFYING	DATE QUALIFIED
81.	_____	_____
82.	_____	_____
83.	_____	_____
84.	_____	_____
85.	_____	_____
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90.	_____	_____

INSTRUCTOR STATEMENT: I CERTIFY THAT THE ABOVE NAMED CERTIFIED OFFICER(S) SUCCESSFULLY MET THE ANNUAL MARKSMANSHIP QUALIFICATION REQUIREMENT AS REQUIRED BY KRS 15.383 FOR THE YEAR ENDING ON DECEMBER 31, 20____ AND THAT THE QUALIFICATION WAS CONDUCTED UNDER THE SUPERVISION OF A FIREARMS INSTRUCTOR WHO MEETS AT LEAST ONE OF THE FOLLOWING: (1) IS THE FIREARMS INSTRUCTOR OF THE QUALIFYING OFFICER'S AGENCY; (2) IS A CURRENTLY CERTIFIED PEACE OFFICER WHO HAS SUCCESSFULLY COMPLETED A KLEC-APPROVED FIREARMS INSTRUCTOR COURSE; (3) IS A FIREARMS INSTRUCTOR EMPLOYED BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING; OR (4) IS A CONCEALED DEADLY WEAPON INSTRUCTOR OR INSTRUCTOR-TRAINER CERTIFIED BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING.

SIGNATURE OF FIREARMS INSTRUCTOR WHO CONDUCTED QUALIFYING	PRINTED NAME	DATE
SIGNATURE OF QUALIFYING OFFICERS' AGENCY HEAD OR TRAINING COORDINATOR	PRINTED NAME	DATE
NAME OF AGENCY OF QUALIFYING OFFICER(S)		