

14. Course Title:	15. Course Number:
16. Sponsoring Agency or Entity:	17. Course Date(s):

18. Attendee Information continued (only those with DPSST numbers identified will receive DPSST training credit):

	DPSST #	Attendee Name (Last, First)**	Did you Instruct ? ✓ here	Agency/Department	Hours Attended
15					
16					
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28					
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19. Lead Instructor/Agency Head/Training Officer or Designee: As an authorized instructor, agency head, training officer, or designee, I have reviewed this roster for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke public safety certification.

Signature: _____ Printed Name: _____
 Address: (If same as Sponsoring Agency in 8 above, may indicate "same as above" or "see above")
 Date: _____ Day Phone: _____

**By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke certification.

Failure to complete ALL fields WILL result in officers not receiving credit on their DPSST Training Records or roster being returned to agency.

Return to: DPSST, Attn: Training Records, 4190 Aumsville Hwy. SE, Salem OR 97317
 Fax: 503-378-4600 Phone: 503-373-0389

Basic Class & # :

DPSST Use Only: Advanced/Regional Basic/Academy Other Date Entered/By: