FORM D-1 (05/2018)

Illinois Law Enforcement Training and Standards Board
4500 South Sixth Street Road
Springfield, IL 62703
Telephone: 217-782-4540

FOR OFFICE USE ONLY	
System Number	
PTB System	

CLASS ROSTER SHEET

PLEASE TYPE:

NAME OF TRAINING FACILITY:	SCHOOL LOCATION:		COURSE TITLE:
DATE:	PROGRAM HOURS:	TOTAL ENROLLMENT:	COURSE DIRECTOR:

Officer (Last Name, First Name MI)	PTB ID	Agency	Date of Appointment	*P/F	Written Exam Grade	Weapon Type** SA/R	Firearms Score

*P=Part-Time F=Full-Time **SA=Semi-Automatic R=Revolver

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Academy Director Signature