

**Certification of Completion
ILEA Refresher Course
Firearms Training**

To: Executive Director
Indiana Law Enforcement Academy
5402 S County Road 700 E
Plainfield, IN 46168

I, the undersigned, hereby certify, under the pains and penalties for perjury, that the below named police officer has successfully completed the eight (8) hours of firearms training in accordance with the Refresher Course curriculum and has fired the stated qualifying scores on the stated date(s).

Student's Name: _____

Student's PSID No.: _____

First Qualifying Score: _____ Date: _____

Second Qualifying Score: _____ Date: _____

Third Qualifying Score: _____ Date: _____

Signature

Printed Name: _____

Instructor No.: _____