

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)**	Instructed √ Here	Agency/Department	Hours Attended
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

**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: 503-378-2095

Basic Class & #: \_\_\_\_\_

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