Form CJT 902 Rev 07/02		**ATTENDEE ROSTER-CJTC** **Telecommunicator Program Courses**

WASHINGTON STATE CRIMINAL JUSTICE
TRAINING COMMISSION
19010 1ST AVENUE SOUTH, BURIEN, WA 98148
PHONE: (206) 835-7300
FAX: (206) 439-3752

NOTICE: INSTRUCTOR/COORDINATOR MUST SIGN THIS ROSTER ON REVERSE.			CJTC ONLY
COURSE TITLE	CITY	COURSE #	C_____
INSTRUCTOR	DATE(S)	TOTAL HOURS	D_____ H_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE-NAMED INDIVIDUALS ATTENDED AND SUCCESSFULLY COMPLETED THE PROGRAM SPECIFIED HEREON.

_____ _____
INSTRUCTOR\COURSE COORDINATOR DATE

INSTRUCTIONS: COMPLETE SOCIAL SECURITY NUMBER, NAME, AGENCY, AND RANK. THIS INFORMATION WILL BE UTILIZED FOR DATA ENTRY ONTO TRAINING RECORDS. (CANNOT BE DONE WITHOUT SSN). **PLEASE PRINT LEGIBLY IN INK**

SOCIAL SECURITY #	**ATTENDEE NAME** (PRINT OR TYPE) Last First MI	**DOB**	**Date of Hire**	**Agency/Job Title**
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