Texas Department of Public Safety Training

Course Title: (Required)			Instructor: (Required)	
TCOLE #: (Required)	Location:	Start Date:	End Date:	e-Mail form to: **fieldtraining@dps.texas.gov** Submissions are due no later than (10) days after course end date.

Printed Last Name (Required)	Printed First Name (Required)	Signature (Required)

All Students Must Sign to Confirm Attendance - TCOLE §215.9

Instructor Printed Name	Instructor Signature	Date

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