



# LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R2 / 12-18)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

*Please type or print clearly.*

Name of provider or instructor <del>John Smith</del> Dennis Fair		Telephone number ( 317 ) 710-0336	
Location of training ILEA Range		Name of contact person at training site Mike Hart, ISOA President	
Title of course Boone County Range, 1905 Indianapolis Ave, Lebanon, IN 46052		E-mail address of primary instructor mhart_34@live.com	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant		Printed name	Date (month, day, year) 4/23/19
Date of training (month, day, year) From 04/23/19 To 04/23/19	Provider or instructor number 53-1177923	Course number ISOAAS01	Inservice credit (hours) 8 Hours

PUBLIC SERVICE IDENTIFICATION (PSID) NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DEPARTMENT
1. 4921-0019	Angel	Johnny	L	Delaware Co SO
2. 1464-9347	Rasche	Eric	M	Evansville P.D.
3.	Hersberger	Ros	A	Nappanee PD
4.	Gammien	GERALD	L	MARTIN COUNTY SO.
5. 2943-4602	JOHNSON	ANTHONY	L	DELAWARE CO S.O.
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*Please type or print clearly.*

Name of provider or instructor <b>Jim Gilliland</b>		Telephone number <b>( 317 ) 710-0336</b>
Location of training <b>ILEA Range</b>		Name of contact person at training site <b>Mike Hart, ISOA President</b>
Title of course <b>Boone County Range, 1905 Indianapolis Ave, Lebanon, IN 46052</b>		E-mail address of primary instructor <b>mhart_34@live.com</b>
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____		
I affirm that the information contained herein is complete and accurate to the best of my knowledge.		
Signature of applicant		Printed name <b>4/24/19</b>
Date of training (month, day, year) From <b>04/24/19</b> To <b>04/24/19</b>	Provider or instructor number <b>53-1177923</b>	Course number <b>ISOAAS02</b>
		Inservice credit (hours) <b>8 Hours</b>

PUBLIC SERVICE IDENTIFICATION (PSID) NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DEPARTMENT
1.	Lendermon	Jon	W	Tippecanoe Co Sheriff
2.	Fair	Dennis	A	Evansville P.O.
3.	Fisher	Nicholas	A	Lake County Sheriff
4.	Blanton	Roger	P	Lake County Sheriff
5.	Pierce	David	M	Henry Co Sheriff's office
6.	WARZBLOW	JUSTIN	R	New Castle PD
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