



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 Benner & Forrest		Telephone number (317) 710-0336	
Location of training U of I Ruth Lily Fitness Center, 3857 Campus Way Indianapolis		Name of contact person at training site Mike Hart, ISOA President	
Title of course Defensive Knife Instructor		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) 04/23/2019
Date of training (month, day, year) From 04/23/19 To 04/23/19	Provider or instructor number 53-1177923	Course number ISOADK2019	Inservice credit (hours) 8 Hours

PUBLIC SERVICE IDENTIFICATION (PSID) NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DEPARTMENT
1.	Williams	Nicholas	R	Vincennes PD
2.	Luce	Aaron	S	Vincennes PD
3. 5865-0617	Stein	Kevin	W	Knox Co. Sheriff's Dept
4.	TAYLOR	JEFF	D	EVANSVILLE P D
5.	Jones	Cody	E	Knox Co. Sheriff Dept.
6. 1469-9347	Rasche	Eric	M	Evansville P.D.
7.	GAINES	DALLAS	T	UIPD
8.	Meier	Lynn	T	Hamilton Co. Sheriff
9.	Luce	George	A	Knox Co. Sheriff
10.	JORDAN	Elliot	L	Bloomington P.D.
11.	RUMFELT	ANDREW	D	KOSCIUSKO COUNTY SHERIFF OFFICE
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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 Benner & Forrest		Telephone number (317) 710-0336
Location of training U of I Ruth Lily Fitness Center, 3857 Campus Way Indianapolis		Name of contact person at training site Mike Hart, ISOA President
Title of course Defensive Knife Instructor		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) 04/23/2019
Date of training (month, day, year) From 04/23/19 To 04/24/19	Provider or instructor number 53-1177923	Course number ISOADK2019
		Inservice credit (hours) 8 Hours

PUBLIC SERVICE IDENTIFICATION (PSID) NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DEPARTMENT
1.	BRADLEY	WILLIAM	R	Federal Air Marshal Service
2. 6828-0482	Cuney	Christopher	R	Woodburn PD
3.	Halascsak	Leonard		Tippecanoe Co. Sheriff
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				