

INSTRUCTOR RECORD

Last Name:	First Name:	Middle Initial:
Address:	City:	State and Zip:
Phone:	Work Phone:	Mobile:
Fax Number:	E-Mail:	Peace Officer License #:

Instructor Experience

Title of course to be taught:

List your experience, education, and training that specifically qualifies you to instruct this course. **(If you have them, please attach any relevant training certificates or any relevant secondary or third-party instructor licenses.)**

References - who can best attest that you are qualified to teach this course (include name and phone number)

1st Reference

Phone #:

2nd Reference

Phone #:

3rd Reference

Phone #:

Instructor Attestation

By submitting this form to the Missouri Department of Public Safety, I hereby certify that all of the above information is accurate to the best of my knowledge.