TEXAS COMMISSION ON LAW ENFORCEMENT

REPORT OF TRAINING

Page #	TCOLE Dept. or Provider #	Course #	# Hours	Beg. Date	Ending Date	**Provider Type:**
1 of 1		2046	1			☐ - Academy ☐ - Contract Provider ☐ - Other

Course Title:	**Name of Department:**
VINCIBLE Module 7 – Roadway Threats	

	TCOLE PID	**Last Name, First Name M.I.**	**D.O.B.**	**Initial daily to verify completion** .1	.2	.3	.4
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THESE STUDENTS HAVE COMPLETED THIS COURSE AND ARE APPROVED FOR CREDIT.

Instructor Name (please type or print) **Instructor Signature** **Date** **Ph #**

Instructor TCOLE PID: _____ *(if applicable)*

Instructor E-mail:_____