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| **Arizona Peace Officer Standards and Training Board** | | | | | | | | | | |
| **Class Title:**  **Hours:**  **Date(s):**  **Location:**  **Facilitator(s):**  **Instructor(s):** | | | | | **I verify the students below attended all blocks of instruction as indicated by their initials in the appropriate boxes.** | | | | | |
| **Instructor/Facilitator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Students - Please verify the last four of your social security number, spelling of your name and initial the sign-in sheet each day*** | | | | | |
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| **Arizona Peace Officer Standards and Training Board** | | | | | | | | | |
| **Page 2 of 2** | | | | | | | | | |
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| **27.** |  | **INSTRUCTORS:** |  |  |  |  |  |  |  |
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| **Arizona Peace Officer Standards and Training Board** | | | | | | | | | |
| **Page 3 of 3** | | | | | | | | | |
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