

Crime Information Bureau/MDT/MDC Recertification Training

PLEASE PRINT

Student's Last Name: _____ **/First:** _____ **/Middle:** _____

If you have incurred a name change, since last attending TIME System Training please advise:

Student's Agency _____

If you have transferred from another agency, since last attending TIME Training, please provide name of previous agency: _____

School Location _____

School Date: _____ **AAI who conducted class:** _____

<u>Pass</u>	<u>Fail</u>	<u>Score</u>
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