



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

Criminal Justice Training Roster (Form A-41)

Name of Agency Conducting Training:

FOR DCJS USE ONLY

Agency ID:

Training Code:

| A. ENTRY-LEVEL | (ONLY THOSE OFFICERS WHO HAVE SATISFACTORILY COMPLETED THE TRAINING CHECKED AT THE LEFT OF THIS FORM SHOULD BE LISTED BELOW.) | | | |
|---|---|------------------------|---|------------|
| To report BASIC TRAINING (Entry-Level), check one of the following: <input type="checkbox"/> Auxiliary Level Two Law Enforcement Officer <input type="checkbox"/> Auxiliary Level Three Law Enforcement Officer | Date Officer Completed School (MM-DD-YY) | Social Security Number | Name of Officer (Last, First, Middle Initial) | Department |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| Date In-House Training started: Number registered: Number satisfactorily completed: | 6. | | | |
| | 7. | | | |
| | 8. | | | |
| | 9. | | | |
| | 10. | | | |
| | 11. | | | |
| B. IN-SERVICE | 12. | | | |
| To report IN-SERVICE TRAINING , check one of the following: <input type="checkbox"/> Auxiliary Level Two Law Enforcement Officer <input type="checkbox"/> Auxiliary Level Three Law Enforcement Officer | 13. | | | |
| | 14. | | | |
| | 15. | | | |
| | 16. | | | |
| | 17. | | | |
| | 18. | | | |
| | 19. | | | |
| | 20. | | | |
| | 21. | | | |
| | 22. | | | |
| | 23. | | | |
| | 24. | | | |
| | 25. | | | |
| | 26. | | | |
| | 27. | | | |

Follow instructions on page two. Continue listing (if needed) and complete certification on page two.



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

Criminal Justice Training Roster (Form A-41)

| INSTRUCTIONS | Date Officer Completed School (MM-DD-YY) | Social Security Number | Name of Officer (Last, First, Middle Initial) | Department |
|--|--|------------------------|---|------------|
| Dates should be expressed numerically as six digits (Month-Day-Year). For example: February 9, 1997 should be reported as 02-09-97; October 28, 1997 as 10-28-97; etc. If the same date is repeated consecutively in the column for Completion Date of Training, "ditto marks" may be used to indicate the repetition of the date. | 28. | | | |
| | 29. | | | |
| Social Security numbers are the only identifying number used by the Department of Criminal Justice Services for accurate processing of criminal justice training data. | 30. | | | |
| | 31. | | | |
| ONLY one (1) Category of Certification (ENTRY-LEVEL, IN-SERVICE, may be transmitted per Form. | 32. | | | |
| | 33. | | | |
| | 34. | | | |
| | 35. | | | |
| | 36. | | | |
| | 37. | | | |
| | 38. | | | |
| | 39. | | | |
| | 40. | | | |
| | 41. | | | |
| | 42. | | | |
| | 43. | | | |
| | 44. | | | |
| | 45. | | | |
| | 46. | | | |
| | 47. | | | |

I certify that the above-listed individuals have complied with the applicable rules relating to compulsory training standards for Level One or Level Two Auxiliary Police Officer (as indicated), and have satisfactorily completed a school approved by the Department of Criminal Justice Services.

Name of Agency: _____

Date: _____

Printed Name of Compensated Chief of Police or Sheriff

Signature of Compensated Chief of Police or Sheriff