Form #LF-A-08

LIGHT FOOT Militia Training Record

updated: 18Jul2016	5
Page of	

NAME (Last, First, Middle):		
Date of Birth (MM/DD/YYYY):	Unit:	
Training Received -		
Course Title:	Date:	Agency/Instructor:
Summary:		
Course Title:	Date:	Agency/Instructor:
Summary:		
Course Title:	Date:	Agency/Instructor:
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Course Title:	Date:	Agency/Instructor:
Summary:		
Course Title:	Date:	Agency/Instructor:
Summary:		
I, the undersigned, do hereby certify ti	nat the above is tru	e in as far as I am aware.
Militiaman's Signature:		DATE:
Witnessing Officer's Signature:		DATF: