

CERTIFICATE OF TRAINING

This is to certify that I have completed training for DON ACTIVE SHOOTER

Gregg Legarda

Name:

01/11/2022 CIC

Date:

Component/Office:

Continuing Education Units: 0

By digitally signing and submitting your proof of training certificate, you certify that you have reviewed and understand the information in this training course.

Signature (Digitally Signed)