

# Department of Public Safety and Correctional Services

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## Maryland Police and Correctional Training Commissions

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### GENERAL INSTRUCTOR LIST

**RETURN APPROVAL TO:**

Agency Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**FOR MPCTC USE ONLY:**

Date: \_\_\_\_\_

Instructor(s) verified by: \_\_\_\_\_

INSTRUCTOR NAME	CERT. NUMBER	DISIPLINE	EXPIRATION DATE

I certify that all information provided on this application is true and correct.

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Printed Name
Signature
Email
Date