



INSTRUCTOR TRAINING RECORD

To: IAMI Director of Training

Date: _____

Date: _____

From: _____

Agency/Business Name: _____

Subject: _____

Completed Training

Department/Agency: _____

Location: City: _____ State: _____ Country: _____

Date of Training: _____

Number of Students: _____ Name of Instructor _____

Total Course Hours: _____ Name of Instructor: _____

Instructor Prep Hrs: _____ Name of Instructor: _____

Were **IAMI Standardized PowerPoint's** used: Yes No Other Explain: _____

Topics covered:

- HIN 101 What Can IAMI do for me
- Marine Theft Other Explain: _____
- Fraud Other Explain: _____
- Arson Other Explain: _____

Remarks:

Send Completed form(s) to:

Robert "Bob" Bjelland
P.O. Box 2016
Coeur d'Alene, ID 83816

or
Save and send a copy to
E-mail: e1too6@hotmail.com

Questions, please contact IAMI HQ's
Ph: 573.691.9569
Email: iamimarine@iamimarine.org