



**International Association of Marine Investigators, Inc.
Completed Training**

Date: _____

From: _____

Agency: _____

To: J. A. Pragman, IAMI 1st Vice President

Subject: IAMI Training Report

Completed Training

Department/Agency: _____

Location (City, State, Country): _____

Date of Training: _____

Number of Students: _____ Name of Instructors(s): _____

Total Course Hours: _____

Instructor Preparation Hours: _____

Topics Covered:

(circle the subject(s)taught)

HIN 101 Marine Theft Fraud Arson

Other: _____

Send Completed form to:

Sergeant J. A. Pragman
Missouri State Highway Patrol
Division of Drug and Crime Control
P.O. Box 568
Jefferson City, MO 65102

Email: jay.pragman@mshp.dps.mo.gov
Fax: 800-347-7080

Questions please call: 573-526-6122