



COSTA MESA POLICE DEPARTMENT

SPECIAL WEAPONS AND TACTICS

SWAT Practice Notification/Approval

Name: J. WAGNER

Division: PATROL

Date of Practice: AUGUST 30, 1996 FRI

Location: ^{*}CAMP PENDLETON

First Line Supervisor

^{*} GET APPROVAL FROM LT. SMITH.

Check Below:

- 1. Approved *without* a fill. Yes No Meets minimum staffing. Yes No
- 2. Approval fill is *required*. Yes No (SWAT Officer is responsible to obtain.)
- 3. *Not approved*, conflicts with primary assignment. Yes No

First Line Supervisor Signature *W. Cam* 351 Date 8.18.96

SWAT Team Leader

Verified with SWAT Team Leader ^{COMMANDER} Yes No

Signature _____ Date _____

SWAT Team Leader delivers Goldenrod copy to Area or Bureau Commander of SWAT Officer.

Date _____

^{*} This training is for renewal of my RSO card