

Training Acknowledgement - Line of Duty Act

I hereby acknowledge receiving training on the benefits available to me and my beneficiaries in case of my disability or death in the line of duty. The training included information about the benefits available to me and my beneficiaries under the Virginia Line of Duty Act, §9.01-400 et seq. of the Code of Virginia, 1950, as amended.

I further agree to share this information with my potential beneficiaries.

Name: _____
(Please Print)

Signature: _____ Date: _____