



WA State Criminal Justice Training Commission

Physical Ability Test

		MM / DD / YYYY	MM / DD / YYYY
LAST NAME	FIRST & MIDDLE	D.O.B	TODAY'S DATE

Please check box for which test will be administered

BLEA CLASS: _____

COA CLASS: _____

AGENCY: _____

EVENT	BLEA Minimum to Pass	COA Minimum to Pass	REST TIME
PUSH-UPS (90 Sec Test Time)	20	18	3 Minute Minimum
SIT-UPS (90 Sec Test Time)	25	12	5 Minute Minimum
SQUAT THRUSTS (3 Min Test Time)	35	25	

COUNT	PASS / FAIL

OVERALL TEST RESULTS	PASS / FAIL
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I HEREBY CERTIFY THAT THIS PHYSICAL ABILITY TEST WAS ADMINISTERED TO THE RECRUIT AND THAT THE RECRUIT'S POINT SCORE HAS BEEN FULLY AND ACCURATELY RECORDED.

Proctor Name: _____ Date: _____

Proctor Signature: _____