KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING

State Fire Rescue Training Roster

Location Anytown City **Host Agency** ABC Fire Department

	Category	Class Name	Class Date	Start Time	End Time	Class Hours
Subject 1	A0000	Administration & Organization	7/1/2024	1800	1900	1
Subject 2	E0000	Extinguishers	7/1/2024	1900	2100	2

	Full Name (*Print Clearly*)	FF#	Agency/Department	Hours (Subject 1)	Hours (Subject 2)
1	John Doe	0001-2345	ABC Fire Department	1	2
2	Jane Doe	0002-3456	BCD Fire Department	1	-----
3	Joe Firefighter	0003-4567	CDE Fire Department	-----	1.5
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Lead Instructor Signature _____ **FF#** _____

Lead Instructor Name (Print) _____

Prop(s) Used Fire Extinguisher Trainer

SFRT Form R-1 Revised 07/01/2024
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