KENTUCKY
FIRE COMMISSION
STATE FIRE RESCUE TRAINING

State Fire Rescue Training Roster

Page _____ of _____

Location _____ **Host Agency** _____

	Category	Class Name	Class Date	Start Time	End Time	Class Hours
Subject 1						
Subject 2						

	Full Name (*Print Clearly*)	FF#	Agency/Department	Hours (Subject 1)	Hours (Subject 2)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Lead Instructor Signature _____ **FF#** _____

Lead Instructor Name (Print) _____

Prop(s) Used _____

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