



State Fire Rescue Training Roster

FRS Class# _____ FRT Class # _____ FRT Topic _____ Class Hours _____ Credit Hours _____

Subject _____ Lead Instructor _____ Inst. # _____
** List additional instructors on back of white copy*

Location _____ Host Agency _____

Start Date _____ End Date _____ Start Time _____ End Time _____ Commission Code _____

| | Full Name (Print Clearly) | Degree Seeking | Date of Birth | KCTCS ID #, FF#, Last 4 digit of SS# | Agency/ Department | Hours | A-E P-F | Grade |
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Lead Instructor Signature _____ Area # _____