



# State Fire Rescue Training Roster

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FIR Class # \_\_\_\_\_ FRT Class # \_\_\_\_\_ FRT Topic \_\_\_\_\_ Class Hours \_\_\_\_\_ Credit Hours \_\_\_\_\_

Subject \_\_\_\_\_ Lead Instructor \_\_\_\_\_

Location \_\_\_\_\_ Host Agency \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Commission Code \_\_\_\_\_

	<b>Full Name (<i>Print Clearly</i>)</b>	<b>Initials</b>	<b>Date of Birth</b>	<b>FF#</b>	<b>Agency/Department</b>	<b>Hours</b>	<b>Grade</b>
1							
2							
3							
4							
5							
6							
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10							
11							
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17							
18							
19							
20							

Lead Instructor Signature \_\_\_\_\_ Inst. # \_\_\_\_\_ Area # \_\_\_\_\_

SFRT Form R-1 Revised 01/01/2021