



State Fire Rescue Training Roster

Page ____ of ____

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
1								
2								
3								
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Lead Instructor Signature _____ Area # _____

White SFRT Copy

Yellow Instructor Copy

Pink Fire Department Copy

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