SFRT Area 6

KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING

INSTRUCTOR SIGN IN & TRAINING PROP ROSTER
complete for EACH Area 6 class

Course Name _____   Date _____

Course Code _____   Start Time _____   End Time _____   Class Hrs _____

Location _____   Host Agency _____
     Street, City, State, Zip Code   Fire Department Name or Agency Name

Lead Instructor Name _____   Inst# **FIN** _____

All SFRT instructors working this class are required to sign this roster. Lead Instructor is to submit with class roster and all documentation to Area 6 office.

	Print	Signature	Area/Region #	
1	_____	_____	_____	
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	
6	_____	_____	_____	
7	_____	_____	_____	
8	_____	_____	_____	

IDENTIFY TRAINING PROPS USED BELOW: If SFRT prop, include license plate /or Area# who owns Prop
(LIST _ANY_ PROP USED INCLUDING ANY LOCAL AGENCY OWNED

_____	_____	_____
_____	_____	_____
_____	_____	_____

Revised April 2016