SOUTH DAKOTA FIRE SERVICE TRAINING ATTENDANCE ROSTER

COURSE: _____ ***DATE:*** _____

INSTRUCTOR: _____ ***TOTAL CLASS HOURS:*** _____***CERT ISSUED Y N or N/A***

LOCATION OF CLASS:_____

PLEASE PRINT CLEARLY & COMPLETE ALL BLANKS

NAME **PLEASE PRINT CLEARLY**	**ADDRESS**	**LAST 4 Digits of SS#**	**Fire Department/Agency (Please write out name, not initials, of dept.)**	**EMAIL**

NAME	ADDRESS	LAST 4 DIGITS of SS #	Fire department/Agency (Please write out name, not initials of dept.)	EMAIL