



# State Fire Rescue Training Roster

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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								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Lead Instructor Signature \_\_\_\_\_ Area # \_\_\_\_\_