



KENTUCKY FIRE COMMISSION

300 North Main Street Versailles, KY 40383
 1-800-782-6823 Fax: 859-256-3125

TRAINING ROSTER KFS-1A

| FF ID # | LAST NAME | FIRST NAME | INITIALS | HRS | | FF ID # | LAST NAME | FIRST NAME | INITIALS | HRS |
|---------|-----------|------------|----------|-----|--|---------|-----------|------------|----------|-----|
| 01 | | | | | | 16 | | | | |
| 02 | | | | | | 17 | | | | |
| 03 | | | | | | 18 | | | | |
| 04 | | | | | | 19 | | | | |
| 05 | | | | | | 20 | | | | |
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| 07 | | | | | | 22 | | | | |
| 08 | | | | | | 23 | | | | |
| 09 | | | | | | 24 | | | | |
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| 11 | | | | | | 26 | | | | |
| 12 | | | | | | 27 | | | | |
| 13 | | | | | | 28 | | | | |
| 14 | | | | | | 29 | | | | |
| 15 | | | | | | 30 | | | | |

CLASS DATE: _____ LOCATION: _____ SUBJECT: _____

COURSE CATEGORY: _____ COURSE CODE: _____ START TIME: _____ END TIME: _____ FDID: 980

LEAD INSTRUCTOR: _____ INSTRUCTOR ID # _____ Level I II III

OBJECTIVES: _____

CLASS DESCRIPTION: _____

DATE ENTERED: _____ ENTERED BY: _____ AUTHORIZING SIGNATURE / TITLE: _____