

Attendance Roster
 Michigan Department of Labor & Economic Growth
 Bureau of Fire Services
 Office of Fire Fighter Training
 P.O. Box 30700
 Lansing, MI 48909
 517-241-8847

Authority: 1966 PA 291

COURSE NAME	COURSE NUMBER
SUBJECT	LEVEL

Assigned Student Number	Student Names (Type or Print)	Student Signatures
1		
2		
3		
4		
5		
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NOTE: Instructor signature required on back of form.

Assigned Student Number	Student Names (Type or Print)	Student Signatures
21		
22		
23		
24		
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40		

I (we) certify all of the curriculum objectives for the portion of the subject covered on this date have been taught.

_____ DATE

_____ PROBATIONARY INSTRUCTOR'S NAME (Print)
(If Applicable)

_____ PROBATIONARY INSTRUCTOR'S SIGNATURE

_____ START TIME

_____ END TIME

_____ CERTIFIED INSTRUCTOR'S NAME (Print)

_____ CERTIFIED INSTRUCTOR'S SIGNATURE

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