



CONTINUING EDUCATION TRAINING ROSTER

Michigan Department of Licensing & Regulatory Affairs
Bureau of Fire Services, Fire Fighter Training Division
P.O. Box 30700 Lansing, MI 48909
Email: LARA-BFS-SMOKE@MICHIGAN.GOV

Course Name: _____

Course Date: _____

Start Time: _____

End Time: _____

Assigned Student Number	Student Names (Type or Print)	Student Signatures
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

Assigned Student Number	Student Names (Type or Print)	Student Signatures
25		
26		
27		
28		
29		
30		

TRAINING / COURSE OBJECTIVES:

Instructor/Training Officer Name (Print)

Instructor/Training Officer Signature

Assisting Instructor/Training Officer Name (Print)

Assisting Instructor/Training Officer Signature

Assisting Instructor/Training Officer Name (Print)

Assisting Instructor/Training Officer Signature