Test Candidate Tracking Sheet
Practical Skills Examination

Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services, Office of Fire Fighter Training
P.O. Box 30700, Lansing, MI 48909
517-241-8847

Authority: 1966 PA 291

IMS ID No.	NAME (Last Name, First Name)	FF I	FF II	FF I & II	FF I										FF II	
					"X" = Pass "\" = Failure on first attempt "O" = Failure on both attempts											
					1	2	3	4	5	6	7	8	9	10	11	12

Completed By: _____ Course Number: _____

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