



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 Number	Student Names (Please Print)	SMOKE ID	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			
25			

Course Name: _____

Course Date: _____

Start Time: _____

End Time: _____

Assigned Student Number	Student Names (Type or Print)	SMOKE ID	Student Signatures
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