

# NFIRS TRAINING ROSTER

DATE OF NFIRS CLASS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT PERSON'S EMAIL ADDRESS: \_\_\_\_\_

	FIRST	MI	LAST	FIRE DEPARTMENT (Full Name)	DAYTIME PHONE	EMAIL ADDRESS
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**NOTE: A minimum of 12 people is REQUIRED in order to hold a class. If the minimum is not met then the class will be cancelled.**

**This form is due 28 days before class date to allow time for printing of certificates and handout materials.**