



Class Roster

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Course Title					Time			
Training Location					Date			
	Student Name (PRINT CLEARLY)	SS# (Last 4 digits or Comp. ID)	Company	Proof of Identity (Y/N)	Translator (Y/N)	Student Signature	Day 1	Day 2
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
Training Provider:					Contact Email Address:			
Pictures Included (Circle One): Y N		Emailed <input type="checkbox"/> Date:			CD <input type="checkbox"/>			
MAIL ETC/SafelandUSA ID CARDS TO:								
First Name:					Last Name:			
Address:					City:	State:	Zip Code:	

I hereby certify that the information provided on this sign-in sheet is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties for filing of false public records, and or forfeiture of my right to be an instructor for this program.

Typed/Printed Name of Instructor	Instructor Signature	Instructor ID	Date
Typed/Printed Name of Translator	Translator Signature	Translator ID	Date