



Class Roster

Permanent ETC Photo ID cards are mailed directly to the Instructors or Training Providers. Cards will not be mailed to students or clients.

Page ____ of ____

ETC SAFELAND USA			Start Time:		End Time:		Total Hours:	
Training Location:					Date:			
	Student Name (PRINT CLEARLY)	SS# (Last 4 digits)	Company	Proof of Identity (Y/N)	Translator (Y/N)	T.P. Device ID	Student Signature	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Training Provider:					Contact Email Address:			

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 2nd Instructor		Instructor Signature		Instructor ID		Date	
Typed/Printed Name of Translator		Translator Signature		Translator ID		Date	