



**THE DEPARTMENT OF FINANCIAL SERVICES**  
*Division of the State Fire Marshal*

**ROSTER OF STUDENTS**  
**BUREAU OF FIRE STANDARDS & TRAINING**

I, \_\_\_\_\_ OF THE \_\_\_\_\_. DO HEREBY CERTIFY THAT THE PERSONS LISTED BELOW  
 (Fire Chief/Director) (Training Center)

ARE ENROLLED IN THE FIREFIGHTER MINIMUM STANDARDS TRAINING COURSE PRESCRIBED BY THE BUREAU OF FIRE STANDARDS AND TRAINING. THE INSTRUCTORS CONDUCTING THIS TRAINING ARE CERTIFIED TO TEACH THIS PROGRAM AS REQUIRED BY ADMINISTRATIVE RULE.

THIS CLASS BEGINS \_\_\_\_\_ AND COMPLETES \_\_\_\_\_. PLEASE SCHEDULE THE FINAL EXAMINATION  
 (Date) (Date)

\_\_\_\_\_ AT \_\_\_\_\_  
 (Date) (LOCATION)

1. **THIS FORM MUST BE SUBMITTED TO THE BUREAU OF FIRE STANDARDS AND TRAINING WITHIN FIVE (5) BUSINESS DAYS OF THE BEGINNING OF THE FIREFIGHTER II CURRICULUM.**
2. **THIS FORM MUST BE TYPEWRITTEN OR PRINTED LEGIBLY WITH STUDENT NAMES IN ALPHABETICAL ORDER.**

NAME OF STUDENT	* SOCIAL SECURITY NUMBER		NAME OF STUDENT	* SOCIAL SECURITY NUMBER
01.	000-00-0000		11.	000-00-0000
02.	000-00-0000		12.	000-00-0000
03.	000-00-0000		13.	000-00-0000
04.	000-00-0000		14.	000-00-0000
05.	000-00-0000		15.	000-00-0000
06.	000-00-0000		16.	000-00-0000
07.	000-00-0000		17.	000-00-0000
18.	000-00-0000		18.	000-00-0000
09.	000-00-0000		19.	000-00-0000
10.	000-00-0000		20.	000-00-0000

SIGNATURE OF FIRE CHIEF/DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ 00000  
 STREET ADDRESS OF TRAINING CENTER CITY ZIP

\_\_\_\_\_ (000) 000-0000  
 TELEPHONE NUMBER

\* Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.