

KENTUCKY FIRE COMMISSION

KFS-1b Training Notice

FF Name:

FFN:

Instructor Name:(Printed)

FIN:

	# Hrs	Cat/Code::	Method:
1			HO/CR
2			HO/CR
3			HO/CR
4			HO/CR
5			HO/CR

Date:	Start Time:	Location:	Agency:
			FD SFRT

Instructor Signature

Total Hrs
This Form

MANDATORY: This training notice is to be retained by the fire department. DO NOT forward this form to the Ky Fire Commission Office. Your Fire Department is also responsible for reporting the training via the Fire Training System.

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