KENTUCKY FIRE COMMISSION KFS-1b Training Notice FFN: FF Name: **Instructor Name (Printed): Instructor FFN:** # Hrs: Cat/Code: **Method:** Date: **Start Time: Location:** Agency: HO/CR FD **SFRT** 2 HO/CR HO/CR HO/CR Instructor Signature Total Hrs HO/CR 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 KyFIRES.

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