

KENTUCKY FIRE COMMISSION

KFS-1b Training Notice

FF Name:

FFN:

Instructor Name (Printed):

Instructor FFN:

	# 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 KyFIRES.

KENTUCKY FIRE COMMISSION

KFS-1b Training Notice

FF Name:

FFN:

Instructor Name (Printed):

Instructor FFN:

	# 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 KyFIRES.