

## 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.

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