

## 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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