

# State of Illinois - Hazardous Material Training Roster

Course Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

\_\_\_\_\_ Full Course       Refresher

Instructor: \_\_\_\_\_ ID Nos: \_\_\_\_\_

Instructor: \_\_\_\_\_ ID Nos: \_\_\_\_\_

Sponsor: \_\_\_\_\_ IEMA    XXXXX PTB    \_\_\_\_\_ FSI



Page \_\_\_\_\_ of \_\_\_\_\_

*Summarize for all pages:*

Number Law Enforcement: \_\_\_\_\_

Number Fire: \_\_\_\_\_

Number EMS: \_\_\_\_\_

Number Other: \_\_\_\_\_

*Final Total:* \_\_\_\_\_

Name <small>(please print)</small>	Organization	Check Only One	Address	SSN	Grade <small>Instructor Use Only</small>
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