

## KENTUCKY FIRE COMMISSION

### KFS-1b Training Notice

FF Name:

FFN:

Instructor Name:

FIN:

	# Hrs	Cat/Code:	Start Time:	End Time:	Method
1					HO/CR
2					HO/CR
3					HO/CR
4					HO/CR
5					HO/CR

Date:	Location:	Agency:
		FD SFRT

TOTAL HOURS FROM THIS FORM

Instructor Signature

**TIME MUST BE RECORDED IN MILITARY TIME**

**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 responsible for reporting the training via the Fire Training System.

Revised 03/10

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