



# DETS 6-Hour Classroom Roster

Complete roster for every classroom course and keep on file for your records. This form may be filled out digitally or handwritten, however, signatures must be handwritten.

School Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Class Location (provide full address): \_\_\_\_\_

Class Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

*Note: A 30-minute break must be provided in addition to the full 6 hours of instruction*

	Full Name	Phone	Email	Signature	Signature	Exam	Certificate
#	As on Social Security Card	Number		Beginning of Class	End of Class	Score	Number
1							
2							
3							
4							
5							
6							
7							
8							
9							

*Don't forget to sign second page*

	<b>Full Name</b>	<b>Phone</b>	<b>Email</b>	<b>Signature</b>	<b>Signature</b>	<b>Exam</b>	<b>Certificate</b>
<b>#</b>	<b>As on Social Security Card</b>	<b>Number</b>		<b>Beginning of Class</b>	<b>End of Class</b>	<b>Score</b>	<b>Number</b>
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

By signing, I certify that all information provided in this roster is accurate and that knowingly making a false statement or signing on behalf of another individual will result in the cancellation of my certificate of approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date