



VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INC.

P. O. BOX 279, OILVILLE, VA 23129-0279
(804) 749-8191 (800) 833-0602 FAX (804) 749-8910

CLASS ROSTER

DISTRICT: _____ COURSE NAME: _____ DATE COMPLETED: _____ LOCATION: _____

ADDRESS: _____ INSTRUCTOR(S): _____ SSN: _____

(WHERE TO _____ INSTRUCTOR(S): _____ SSN: _____

SEND _____ INSTRUCTOR(S): _____ SSN: _____

CERTIFICATES) _____ INSTRUCTOR(S): _____ SSN: _____

NAME (TYPE OR PRINT AS IT IS TO APPEAR ON CERTIFICATE)	DOB	ADDRESS	SSN#	SQUAD NAME
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14.				
15.				

*DESIGNATE "R" FOR REFRESHER "INC" FOR INCOMPLETE

NAME (TYPE OR PRINT AS IT IS TO APPEAR ON CERTIFICATE)	DATE OF BIRTH	ADDRESS	SSN#	SQUAD NAME
16.				
17.				
18.				
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35.				

I (WE) THE UNDERSIGNED HEREBY CERTIFY THAT ALL MATERIAL AND HOURS HAVE BEEN COMPLETED:
