



AFSC TEST SITE CANDIDATE ROSTER



STATE OF ALASKA DEPARTMENT of PUBLIC SAFETY FIRE STANDARDS COUNCIL

The Certifying Officer shall use this form to track candidate attendance and verify official ID information.
 The CO must physically check all ID of candidates that are participating in written or practical examinations.
 Only one copy of this form is required for each CO test assignment.
 Upon completion, please return this form with the testing materials to AFSC.

CO Name:	Date:
Test Level(s):	Fire Dept./Organization:

Please list each candidate below (*alphabetical by last name is preferred*):

	Full Legal Name (as shown on ID) Last Name, First Name, Middle Initial	State/ID Type	Last Three Numbers of ID	Candidate Signature
1.				
2.				
3.				
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18.				
19.				
20.				

Certifying Officer Signature