

DEPARTMENT of PUBLIC SAFETY ALASKA FIRE STANDARDS COUNCIL

AFSC TEST SITE CANDIDATE ROSTER

The Certifying Officer shall use this form to track candidate attendance and verify official ID information.
 The CO must physically check all ID's of candidates that are participating in written and practical examinations.

The CO will be the ONLY person to enter the legal information and verification documents, highlighted area.

Only one copy of this form is required for each test assignment. Upon completion return this form with the test materials to AFSC.

CO Name: _____ Fire Dept/Organization: _____

Test Level(s): _____ Test # _____ Date: _____

Please List each candidate below (alphabetical by last name is preferred)

AFSC Use Only	Full Legal Name (as shown on ID) Last name, First name Middle initial	State/	Last 3 #s of ID	Candidate Signature
		ID Type		
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			

 Certifying Officer Signature