

# Amateur Radio Emergency Communications Course Field Class Roster



Class Site: \_\_\_\_\_

Session Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

CEP Class Session ID#: \_\_\_\_\_

Instructor Name & Call Sign: \_\_\_\_\_

Sponsoring Organization Name: \_\_\_\_\_

	STUDENT NAME (please print)	Call Sign (✓)	Course Completed (✓)	Evaluation Received (✓)
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Field Instructor: Keep a copy for your records

