



Brandenburg, Kentucky

Course Name: _____

Date of Training: _____

Training Location: _____

Training Requirement: _____

By signing below I understand my requirements associated with this Training.

Please Write Clearly

	Participant's NAME (SIGN)	Participant's NAME (PRINT)	Participant's Supervisor	Participant's Department
1.				
2.				
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20.				

Please forward to the Training Department.

Trainer: _____
Printed Name

Signature