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## **CERT "MAKE-UP CLASS" FORM**

(to be used when attending a class at an alternate agency)

This form is to be filled out in ink and must be returned to the Foster City Fire Department for credit to be applied to the student. Please PRINT all information.

### **YOUR INFORMATION**

LAST NAME, FIRST NAME, M.I.	
ADDRESS (Street, City, State, Zip Code)	
PHONE NUMBER	

### **ORIGINAL CLASS**

ORIGINAL CLASS LOCATION AND START DATE	
AGENCY THAT PROVIDED ORIGINAL TRAINING	
NAME OF ORIGINAL CLASS INSTRUCTOR	

### **MAKE-UP CLASS**

CLASS SESSION BEING MADE UP	
DATE/TIME OF THE MAKE-UP TRAINING	
LOCATION OF THE MAKE-UP TRAINING	
AGENCY PROVIDING MAKE-UP TRAINING	
NAME AND PHONE NUMBER OF THE MAKE-UP CLASS INSTRUCTOR	
SIGNATURE OF THE MAKE-UP CLASS INSTRUCTOR	