



## DEPARTMENT OF MINES MINERALS AND ENERGY

### Class Roster

**Date:**

**Class:**

**Hours:**

**Instructor(s):**

**BY SIGNING THIS FORM I HEREBY CERTIFY THAT I HAVE RECEIVED THE ABOVE TRAINING.**

PRINT NAME	VALID CPR	DOB	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
SIGNATURE					

I hereby certify to the BCME that the training I provided to the applicants set forth above meets the requirements of Virginia Code §45.1-161.34 and the BCME regulation 4 VAC 25-20.

Instructors Name: \_\_\_\_\_

Instructors Certification # \_\_\_\_\_