

Notice: The Lead Instructor is required to complete this form to document instructors, students and payment of fees for safety courses, required under Sections 23.33, 30.74 and 350.05, Wis. Stats. Personally identifiable information collected may be used for participation in surveys, eligibility for approvals, law enforcement purposes and may be made available to requesters under Wisconsin's Open Record Laws.

Complete student information accurately. Do not pass the roster around the class or share it with others.

Student Information (please type or print) Please use complete given names – do NOT use nicknames			Class Dates		DNR Course ID
			Start	End	
DNRCust. #	Last Name	First Name		MI	Complete Address
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Birthdate (mm/dd/yyyy)	Telephone Number (include area code)			
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Safety Course Supplemental Roster and Remittance

Form 8500-065A (R 7/08)

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For Faster Service, Please Double Check Your Roster for Accuracy. Thanks!!