

Instructor(s): _____

Office of Risk Management

Location: Corralitos

Date: 11/18/08 6-9:30pm Page 1 of 2

Topic (s): Defensive Driver #10

Attendees: Please print and sign your name legibly. Use additional sheet if necessary.

	Print Name	Signature	Unit or Station
1)	Agnelli, Scott		1716
2)	Baxter, Colleen		1701
3)	Carlson, Stuart		1716
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			

NOTE TO INSTRUCTORS:

Upon class completion, please sign below the last student signature in order to close the class roster.

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	Print Name	Signature	Unit or Station
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____

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