

Instructor(s): \_\_\_\_\_

Office of Risk Management

Location: Felton HQ

Date: 10/16/08 6-9:30pm Page 1 of 2

Topic (s): Defensive Driver #9

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

	Print Name	Signature	Unit or Station
1)			
2)	Nazari, David		1716
3)			
4)			
5)			
6)			
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9)			
10)			
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12)			
13)			
14)			
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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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1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____

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