CANTRAC COURSE
STUDENT ROSTER

COURSE TITLE: FOOD SAFETY MANAGER/SUPERVISOR COURSE (B-322-2101)

INSTRUCTORS: _____ **EMAIL:** _____

_____ _____

TRAINING LOCATION: _____ **DATE(S) OF TRAINING:** _____

DAY(S)- MONTH- YEAR

FIRST NAME LAST NAME	DoD ID NUMBER or SOCIAL SECURITY NUMBER*	DoD/ GS / CONTR	RANK/ RATE/ GS Grade (If applicable)	COMMAND OR EMPLOYER

Final roster submission to NMCFHPC must be typed (not handwritten) with all fields completed.

****ENSURE DOD ID or SOCIAL SECURITY NUMBER IS CORRECT. REQUIRED FOR CeTARS CREDIT TO BE AWARDED.***