



Provider Name: _____
Provider Address: _____
Provider Telephone No.: _____
Provider License No.: _____

Texas Department of Licensing and Regulation
P.O. Box 12057 • Austin, Texas 78711-2057
(800) 803-9202 • (512) 463-6599
FAX (512) 463-1512
www.tdlr.texas.gov ee.rosters@tdlr.texas.gov

Name of Course: _____
Date(s) of Course: _____
Instructor Name: _____

(Signature)

Course Training Roster

Student Name	Address	Telephone No.	No. Identifier	Signature	Successfully passed? Y/N