Wisconsin Flagging Handbook Certification Training

Instructor Name:	
Date:	
Location:	

Please write legibly as this information will be used on your flagging certification card and returned to you.

			as this information will be used on your flagging certific	cation cara and retur	ned to you.	
Cert #	Cert #	lame	Agency	Phone Number	E-Mail	Quiz Score (to be completed by
(if applicable)	First	Last	. igono,		.	be completed by instructor)

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(if applicable)	First	Last	Agency	Phone Number	E-Mail	be completed by instructor)

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(if applicable)	First	Last	Agency	Phone Number	E-Mail	be completed by instructor)

Cert # (if applicable)	Name					Quiz Score (to
	First	Last	Agency	Phone Number	E-Mail	Quiz Score (to be completed by instructor)