Utah Fire Service Certification Council
ONLINE TESTING CHECK-OUT/CHECK-IN

Lead Tester Name:

Exam Date:

Exam Title:

Exam ID:

Host Department/Agency Name:

Candidates must sign their full name, write their birthdate or PID number, and identify the following items they are checking out for the exam: iPad #, scratch paper/pencil, book, etc.

	Candidate's Full Name (First, Middle Initial, Last) Check-Out Signature	Birthdate or PID number	iPad #	Scratch Paper/ Pencil	Book, etc.	Other	Candidate's Check-In Signature/Initials	Tester Initials
1			#_____	☐	☐	☐		
2			#_____	☐	☐	☐		
3			#_____	☐	☐	☐		
4			#_____	☐	☐	☐		
5			#_____	☐	☐	☐		
6			#_____	☐	☐	☐		
7			#_____	☐	☐	☐		
8			#_____	☐	☐	☐		
9			#_____	☐	☐	☐		
10			#_____	☐	☐	☐		
11			#_____	☐	☐	☐		
12			#_____	☐	☐	☐		
13			#_____	☐	☐	☐		
14			#_____	☐	☐	☐		
15			#_____	☐	☐	☐		
16			#_____	☐	☐	☐		
17			#_____	☐	☐	☐		
18			#_____	☐	☐	☐		
19			#_____	☐	☐	☐		
20			#_____	☐	☐	☐		

Other description: