



CITY OF JUNCTION CITY, KANSAS FIRE DEPARTMENT



Contractor/Trades Professional Continuing Education Report

Name: _____ Junction City License No. _____

Contractor: A B C D E SPECIALTY

Trades:	Mechanical	Electrical	Plumbing	Gas
	Apprentice	Apprentice	Apprentice	Apprentice
	Journeyman	Journeyman	Journeyman	Journeyman
	Master	Master	Master	Master

Business Name: _____

Address: _____

Phone: _____

Email Address: _____

Continuing Education Course and or Training Date: _____

Continuing Education Course and or Training Hours: _____

Continuing Education Course and or Training Title: _____

Instructor, Representative, Agency (Print): _____

Instructor, Representative, Agency (Signature): _____

Contact Person (Print Name): _____

Contact Person Email: _____

By signing, I understand that the needed information and the appropriate contact for the continuing education course for myself is provided and is verified by my employer as accurate and complete.

Print Name: _____

Signature: _____