

**CSTI HAZARDOUS MATERIALS COURSE ROSTER**  
*PLEASE TYPE OR PRINT LEGIBLY*

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

CSTI Class Number: \_\_\_\_\_

Course Manager: \_\_\_\_\_

NAME	AGENCY/ADDRESS	Pass- Y/N	% Score	CERT # Issued by CSTI
NAME:				
E-Mail:                      WORK#				
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NAME:				
E-Mail:                      WORK#				

I certify that this course was conducted in accordance with minimum hours, performance objectives, outlines and procedures identified by CSTI pursuant to California Code of Regulations, Title 19, Section 2520.

**COURSE MANAGER:** \_\_\_\_\_  
 (signature)