



**Virginia Association of First Responders**  
**State Headquarters • Training Center**  
**2535 Turkey Creek Rd., Oilville, Virginia 23129**  
**(804) 749-8191 (800) 833-0602 FAX (804-749-8910**  
**Website: [www.vafr.org](http://www.vafr.org) E-mail: [vafr@vafr.org](mailto:vafr@vafr.org)**



**INSTRUCTOR REGISTRATION FORM**

**COURSE TITLE:** \_\_\_\_\_ **IF EVOC, COURSE LEVEL** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**LEAD INSTRUCTOR INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI** \_\_\_\_\_

**LAST FOUR SS#:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **CELL PHONE:( )** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**IF THERE WERE ANY ISSUES DURING THE COURSE PLEASE LIST THOSE COMMENTS BELOW**

**AGENCY AFFILIATION OF LEAD INSTRUCTOR:** \_\_\_\_\_

**PHYSICAL ADDRESS WHERE COURSE WAS TAUGHT**

**AGENCY WHERE COURSE WAS TAUGHT:** \_\_\_\_\_

**ADDRESS OF AGENCY:** \_\_\_\_\_

**ANY COMMENTS:** \_\_\_\_\_

\_\_\_\_\_



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**ASSISTANT INSTRUCTOR INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
LAST 4 OF SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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