

**Mississippi Department of Environmental Quality  
LEAD TRAINING COURSE ROSTER**

\_\_\_\_\_  
Course Discipline

\_\_\_\_\_  
Time (Start/End) Per Day

\_\_\_\_\_  
Date(s) of Course

\_\_\_\_\_  
Initial/Refresher

\_\_\_\_\_  
Training Provider Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Principal Instructor

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Course Location

Participant Name	Social Security # (last 4 digits only)	Exam-Pass/Fail	Certificate Number

Additional Instructors (Please List) \_\_\_\_\_

Please submit rosters to the Mississippi Department of Environmental Quality, Lead Section, P.O. Box 2339, Jackson, MS 39225 within (7) calendar days after completion of class. Failure to submit rosters may result in the rejection of any certificate of training submitted for the purpose of licensing or accreditation.

\_\_\_\_\_  
Signature of Course Director                                      Date