## **Sign in Sheet for DOT Specimen Collector Class**

| Proficiency Demonstration Class |                              | Class Date: |
|---------------------------------|------------------------------|-------------|
| Insti                           | ructor Name:                 | Location:   |
| 1                               | Student Name (Print Neatly!) |             |
| 2                               | , , ,                        |             |
| 3                               |                              |             |
| 4                               |                              |             |
| 5                               |                              |             |
| 6                               |                              |             |
| 7                               |                              |             |
| 8                               |                              |             |
| 9                               |                              |             |
| 10                              |                              |             |

Important: Print your name the way you want it to read on your certificate!