

Affidavit of Attendance

Wyoming DEQ Blaster Continuing Education Hours (BCEH's) Training

Date of Training _____

Time of Training _____ Requested BCEH's _____

Name _____

Company or Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

Attendance Log

Individual Name	Blaster Certification Number and State
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

Signature _____

Date _____

I certify that the information heron, to the best of my knowledge is complete and accurate and that the attendances did in fact attend the course listed and for the given times (Please note any exception below)
Please note any exceptions to times of attended:

Please return this form for each training session to reo.barney@wyo.gov or

Reo Barney

Wyoming DEQ-LQD

2100 West 5th St.

Sheridan, Wyoming 82801

Please indicate if Blasters needs a confirmation Certificate for their file (Not required for Wyoming Blasters)

