



NATIONAL SAFETY COUNCIL, SOUTH LOUISIANA CHAPTER DEFENSIVE DRIVING COURSE ROSTER



NAME OF INSTRUCTOR

DDC INSTRUCTOR #

EXPIRATION DATE

NAME OF ASSISTANT INSTRUCTOR(S), IF APPLICABLE (Must be NSC DDC certified instructor.)

CHECK ONE: DDC-4 HR DDC-6 HR DDC-8 HR PTD-_____ HR

COURSE DATE

BEGINNING TIME

ENDING TIME

COURSE LOCATION

COMPANY NAME FOR ATTENDEES (Enter "Open Enrollment" if course was open to public.)

MAILING ADDRESS, IF DIFFERENT FROM COURSE LOCATION

CITY, STATE, ZIP

TELEPHONE

FAX

PLEASE PRINT IN ALPHABETICAL ORDER

	Student Name (last, first)	Certificate Number	Expiration Date (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(Continued on reverse)

PLEASE PRINT IN ALPHABETICAL ORDER DDC ROSTER

	Student Name (last, first)	Certificate Number	Expiration Date (if applicable)
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

I certify the above names are employees of the company for which I am certified to teach and that all other information is accurate and true to the best of my knowledge.

Instructor's Signature

Date

Daytime Phone

Please mail, fax, or email within 30 days of completion of course to:

NATIONAL SAFETY COUNCIL, 4200 S. I-10 SERVICE ROAD W. SUITE 224, METAIRIE, LA 70001

Tel: 504-888-7618, 800-N-SAFETY, Fax: 504-888-7612, 866-698-1865

Email: info@metrosafety.org