



# CLASS CONTROL SHEET

To be filled out by the Instructor only

Instructor: \_\_\_\_\_ Instructor Certificate #: \_\_\_\_\_

Class Date: \_\_\_\_\_ Location: \_\_\_\_\_

Product:      Band-It       Ice Shield       User       Instructor

	Student Name	Agency	Score (s)	Cert #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I hereby certify that the above named individuals attended the course of instruction(s) as recommended by StunTronics in the use of the Electronic Immobilization Device indicated above. The corresponding test scores are correct and remain unaltered.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_