

**DOT OPERATOR QUALIFICATION ANNUAL REVIEW (GAS_-0134)
DOT OPERATOR QUALIFICATION TNT FOR EVALUATOR (GAS_-0137)
ROSTER REPORT**

COURSE NAME: _____ COURSE CODE: GAS - _____ CLASS DATE: _____
 ROSTER LOCATION: San Ramon Valley Conference Center START TIME: _____ END TIME: _____
 TRAINING LOCATION _____ INSTRUCTOR NAME: _____ INSTRUCTOR CORP ID: _____

| | CORP ID | PERNR# (EMP ID) | EMPLOYEE <i>(please print legibly)</i> | SIGNATURE | PCC | DEPARTMENT | SUPERVISOR'S NAME <i>(please print legibly)</i> |
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At class completion: (1) mail original roster to [redacted] at 3301 Crow Canyon Road, San Ramon Valley Conference Center and (2) file copy of this roster with the Local Gas Operator Qualification Plan Coordinator (LGOQPC).
 Rosters filed locally should be retained for a three year period following the date of training and are subject to audit.