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INSTITUTE
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BRITISH
COLUMBIA

*Canada's leading public
safety educator*

# Advanced Security Training
# Demonstration Marking Form  - Summary

| Instructor | Date of Exam | Location | Signature |
|---|---|---|---|
|  |  |  |  |

**The student information below must be completed in full in order to issue AST certificates.**

| Last name | First name | Date of Birth (Y/M/D) | BST # | Hours and dates of Training | Pass/Fail |
|---|---|---|---|---|---|
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**This form will be kept on permanent record.  Your evaluation of the above students may become public record.**