



BUSINESS DEVELOPMENT CENTER

This form must be completely filled out to properly register you for class.

Course Registration Form

Course:

Location: Requested Class Date:

Is EPA 6H Area Source Rule Training needed? Yes No If yes: Full (includes hands-on) Partial (no hands-on included)

PARTICIPANT

Please fill in ALL fields

FORMS WILL NOT BE PROCESSED WITHOUT A FAX OR EMAIL FOR CONFIRMATIONS TO BE SENT TO.

Social Security #: (Last 4 Digits ONLY) I-CAR #:

First Name: Last Name: yes no

Address:

City: State: Zip:

Mobile Phone #: e-mail:

Emergency Contact: Phone #:

Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility? yes no

Hands-on activities include the use of respiratory protection. Do you have any health concerns that would prohibit your participation in these activities? yes no

COMPANY / EMPLOYER

Name:

Address:

City: State: Zip:

Phone #: Email/Fax #:

Are you at least 18 years old?

yes no

NOTE: You must be at least 16 years old to attend PPG training. The Consent Waiver must be completed for students between the ages of 16-18 years old.

SPONSORING JOBBER – All billing is handled through a local distributor.

Approved By:

Company Name:

City: State:

Account #: P.O. #:

FAX/EMAIL THIS COMPLETED REGISTRATION TO:
(NO COVER SHEET IS NEEDED)

ENGLISH COLOR

FAX (972) 231-7931
Email: training@englishcolor.com
PHONE (972) 235-3104

Territory Manager: Territory #:

You will receive an ACKNOWLEDGEMENT notice once your REGISTRATION has been processed. No later than two weeks prior to the class date, you will receive a CONFIRMATION letter that includes a map, directions, and hotel options. Do NOT make airline reservations until you have received this written CONFIRMATION. We look forward to having you in class.

REQUIRED IF AIRFARE NEEDED:

Legal Name on License: _____

State of License: _____

Date of birth: _____

Departure City: _____

Mobile #: _____