



Registration

Date _____ (Office Assigned) = Operator Number _____

First Name _____ Last Name _____

Address _____ City _____ Province _____

Postal Code _____ E-Mail _____

Home Phone # _____ Cell # _____

How did you hear about us? _____

Do you have any operating experience? _____ If 'yes', what Type? _____

Course of interest _____ Type of Certification _____

Are you employed _____ Where? _____

Are you presently seeking employment? _____

If 'yes', what type of industry? _____

Who is paying the training fee? _____

If 'Company' or Agency', what is the name and phone number _____

Method of Payment _____

I will not operate any equipment without the authorization and supervision of the instructor. I may be held responsible for any damages caused to equipment, materials or personnel, due to unauthorized use of the equipment or by not following the direction of the instructor. Course fee is non-refundable once registered. Duplicate certifications can be issued but will be accompanied by a \$50.00 processing fee.

Print off the application and sign, in pen, below.

Applicant's signature _____

If applicant is not 19 years old, parent/guardian Signature _____