



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

Social Security #: **X X X - X X -**

(Last 4 Digits ONLY)

First Name: _____ Last Name: _____

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 #: _____ Fax #: _____

Are you at least 18 years old?

yes no

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

Approved By: _____

Company Name: **English Color & Supply**

City: **Richardson** State: **TX**

Account #: **032116 00-32** P.O. #: _____

ECS Sales Rep: _____

Territory Manager: _____ Territory #: _____

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.

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

Moniqué Flener:
FAX 972-231-7931

PHONE 972-235-3104

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 of License:

Date of Birth:

Departure City:

Mobile #:
