



BUSINESS DEVELOPMENT CENTER

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

Course Registration Form

Course:	<input type="text"/>		
Location:	<input type="text"/>	Requested Class Date:	<input type="text"/>
Is EPA 6H Area Source Rule Training needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: <input type="checkbox"/> Full (includes hands-on) <input type="checkbox"/> 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

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

PPG INDUSTRIES

PPG Territory Manager: Territory #:

FAX
PHONE

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.