**BUSINESS DEVELOPMENT CENTER**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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) |

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| PARTICIPANT | | | | | | | | | | | | | | | | | | | | | |  | | Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility? | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |
| Social Security #:  (Last 4 Digits ONLY) | X | X | | X | - | | X | | X | | | | - | | | |  | |  |  |  |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| First Name: |  | | | | | | | Last Name: | | | | | |  | | | | | | | |  | |  | yes |  | no |
|  | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |
| Address: |  | | | | | | | | | | | | | | | | | | | | |  | | Hands-on activities include the use of respiratory protection. Do you have any health concerns that would prohibit your participation in these activities? | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |
| City: |  | | | | | State: | | | | |  | | | | | Zip: | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |
| Phone #: |  | | | | | e-mail: | | | | | |  | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |
| Emergency Contact: |  | | | | | | | | | Phone #: | | | | | |  | | | | | |  | |  | yes |  | no |
|  | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |
| COMPANY / EMPLOYER | | | | | | | | | | | | | | | | | | | | | |  | | Are you at least 18 years old? | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |
| Name: |  | | | | | | | | | | | | | | | | | | | | |  | |  | 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. | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| City: |  | | | | | State: | | | |  | | | | | | Zip: | |  | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| Phone #: |  | | | | | | | | | Fax #: | | | | | |  | | | | | |  | |
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| SPONSORING JOBBER – All billing is handled through a local distributor. | | | | | | | | | | | | | | | | | | | | | |  | |
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| Approved By: |  | | | | | | | | | | | | | | | | | | | | |  | | FAX THIS COMPLETED REGISTRATION TO:  (NO COVER SHEET IS NEEDED)  PPG INDUSTRIES  Orlando, Florida  FAX (407) 932-0558  PHONE (407) 870-7474 | | | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| Company Name: |  | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| City: |  | | | | | | | | | State: | | | | | | | |  | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| Account #: |  | | | | | | | | | P.O. #: | | | | | | | |  | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
|  |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |
| Territory Manager: |  | | | | | | | | | Territory #: | | | | | | | |  | | | |  | |
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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.