



BUSINESS DEVELOPMENT CENTER

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

Course Registration Form

| | | | |
|---|--|-----------------------------|---|
| Course: | | | |
| Location: | 1000 E. I65 SERVICE RD. N. MOBILE, AL 36617 | Requested Class Date: | |
| 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

Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility?

| | | | | | |
|--|----------------------|------------------------|----------------------|------------------------------|-----------------------------|
| Social Security #: (Last 4 Digits ONLY) | <input type="text"/> | I-CAR #: (optional) | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| First Name: | <input type="text"/> | Last Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip: | <input type="text"/> |
| Mobile Phone #: | <input type="text"/> | e-mail: | <input type="text"/> | | |
| Emergency Contact: | <input type="text"/> | Phone #: | <input type="text"/> | | |

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

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: | <input type="text"/> | | |
| Company Name: | AUTOMOTIVE PAINTERS SUPPLY | | |
| City: | MOBILE | State: | AL |
| Account #: | <input type="text"/> | P.O. #: | <input type="text"/> |

TURN IN YOUR COMPLETED REGISTRATION TO YOUR SALESMAN.

| | | | |
|--------------------|------------|--------------|-----|
| Territory Manager: | S. BALLARD | Territory #: | D71 |
|--------------------|------------|--------------|-----|

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.