REGISTRATION/RENEWAL FORM

REC #: _____

Date: _____

Lineman: ☐

Meterman: ☐

OJT Tracking: ☐

Year (1-5): _____

Testing:

Fax/Email ☐ Internet ☐

TRAINEE INFORMATION

NAME: First: _____ Last: _____ MI: ____

Street Address: _____ City: _____ State: _____

Zip: _____ DOB: _____ Ph: _____ Email*: _____

EMPLOYER INFORMATION

Name: _____ Phone: _____

Street Address: _____ Fax: _____

City: _____ State:_____ Zip: _____

TRAINING COORDINATOR

Name: _____ Title: _____

Email Address*: _____ * Required

Billed to: Employer ☐ Trainee ☐