

STUDENT REGISTRATION & CONTRACT

PLEASE PRINT CLEARLY..... THIS INFORMATION WILL BE ON YOUR CERTIFICATE.

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____ WEB SITE _____

Date of Birth ____/____/____ SOCIAL SECURITY XXX-XX-____ HOME PHONE ____-____-____

COMPANY _____ CO. PHONE ____-____-____ CO. FAX ____-____-____

Refreshing Students: Unless you trained with us last year, you MUST provide, or cause to provide, a copy of last years certificate to THIS instructor (check one). I TRAINED SEAGULL I USED ANOTHER PROVIDER

How did you hear about us?

TV WEB FRIEND ASSOCIATION GOVERNMENT LIST OTHER: _____

Check Course Type:

INITIAL	REFRESH		INITIAL	REFRESH		INITIAL	REFRESH	
<input type="checkbox"/>	<input type="checkbox"/>	AHERA Asbestos Worker	<input type="checkbox"/>	<input type="checkbox"/>	Lead Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 Flooring Worker
<input type="checkbox"/>	<input type="checkbox"/>	AHERA Contractor/Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	RRP Certified Renovator	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 Flooring Supervisor
<input type="checkbox"/>	<input type="checkbox"/>	AHERA Asbestos Inspector	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Lead Awareness	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 Transite Worker
<input type="checkbox"/>	<input type="checkbox"/>	AHERA Management Planner	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Asbestos Awareness	<input type="checkbox"/>	<input type="checkbox"/>	Site Assessment Phase One
<input type="checkbox"/>	<input type="checkbox"/>	Lead Worker	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 O&M	<input type="checkbox"/>	<input type="checkbox"/>	24 HOUR OSHA HazMat
<input type="checkbox"/>	<input type="checkbox"/>	Lead Contractor/Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 Roofing Worker	<input type="checkbox"/>	<input type="checkbox"/>	40 HOUR OSHA HazMat
<input type="checkbox"/>	<input type="checkbox"/>	Lead Inspector	<input type="checkbox"/>	<input type="checkbox"/>	OSHA 1101 Roofing Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Check Form of Payment:

CASH MONEY Credit Card Invoice My Company
 Company Check Pre-Paid By: Credit Card Check \$ _____
FILL IN TUITION

For the purposes of this agreement, the following companies: Asbestos Consulting & Training Systems, Inc., Lead Abatement Consulting & Training Systems, Inc., Seagull Environmental Management Company, Inc., MSK Ambiental, Inc. CWD International Inc., d.b.a. Environmental Training Fund will referred to as "Course Provider".

The Course Provider agrees to provide training under the category checked at the top of this form according to the rules, regulations, and guidelines including, but not limited to, the US EPA and OSHA. No credit may be allowed for previous training.

The student understands that a \$500.00 reward will be offered to any person able to present evidence that (1) the course was altered in any way, (2) that the course did not run it's full length, or (3) that the answers to the final exam were revealed in advance or during the exam. In the event that such evidence exists, the student agrees to contact the Course Provider at: 900 NW 5th Avenue, Ft. Lauderdale, Florida, 33311, 1-800-966-9933.

The student acknowledges that the student is either currently employed, has been independently offered a job by a contractor or others in the environmental field, or personally feels that taking this course will enhance the prospect of gaining employment. The student has not been induced by the Course Provider or any of its agents or associates into taking this course. The student understands that certification is required for most environmental related jobs and this particular course is not the only course available to obtain the required certification. No promise of employment whatsoever has been made to the student by the Course Provider. The student has not been shown any catalogues or any other forms of literature regarding this course. Student agrees that in the event that any forms of sales literature are presented, he will immediately contact the Course Provider at 1-800-966-9933.

The student agrees to pay the Course Provider the amount checked at the top of this form in advance of training. The student understands that if the Course Provider substantially fails to furnish the instruction herein agreed upon that, a full refund may be provided. The student understands that there will be a WRITTEN EXAMINATION at the end of the course. The Student must achieve a grade of 70% or better in order to successfully complete this course for certification. The student understands if the Student would withdraw, cancel, or become expelled that the Course Provider may charge: (1) a registration fee of 10% of the total tuition before the training begins. (2) 50% of the tuition after the training begins. The student also understands that there will be no additional charges of any kind.

The Student understands that persons NOT eligible for employment in the United States may receive a state license if applied for, regardless of course participation. The Student understands that eligibility of a refresher course depends on the expiration date on the students last certificate issued to the student (evidence of successful completion is mandatory). The Student understands that other courses may be required as a pre-requisite to the attending this course. The student agrees to notify the Course Provider of a withdrawal or cancellation by certified mail or personal delivery. The student has received a copy of this Registration and Contract Form.

Student Signature: _____, Student Today's Date: _____

Instructor Signature: _____, Provider Today's Date: _____

DO NOT WRITE IN THIS SPACE

Course Type: _____ Course# _____ Test Score _____ Cert# _____ Exp. Date: _____

In order to qualify for certification, examiners must return this form, along with all other course materials to the provider.