

:PAYMENT REFERENCE



COURSE NUMBER:

1-800-966-9933 EST

Environmental Management Company, Inc.

seagull.seagull@me.com

Registration - Sign-in - Evaluation - Examination Form

STUDENT INFORMATION*Please print clearly.....Your certificate of training will be created from this information.*TYPE OF COURSE: INITIAL: REFRESHER: HANDS-ON INSTRUCTOR= LOCAL: REMOTE: TRAINING STATE: _____

NAME _____ DATE OF BIRTH ____/____/____ TODAY'S DATE ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____ LAST 4 #s SOCIAL SECURITY _____

COMPANY _____ CO. PHONE _____

The student acknowledges that no offer of employment or possibilities of employment have been made by the training providers and that the student, in no way, has been induced to take this course by the training providers. The student understands that there is a written examination at the end of the course. The student understands that student and firm certificates are only valid in conjunction with each other.

STUDENT SIGNATURE: **X** _____FORM OF PAYMENT: CREDIT CARD: CHECK: CASH: PAID TO: GreenEdu: Seagull: Local Provider: **DO NOT WRITE BELOW - TRAINERS & FACILITATORS ONLY****HANDS-ON EVALUATION TO BE COMPLETED BY HANDS-ON INSTRUCTOR****Initial Course Activities**

	Classroom			Indoor						Outdoor		
	Chemical Test	Paint Chip Sample	PPE	Gooseneck Bagging	Signs & Barriers	Covering Furniture	Floors, Doors & Windows	Interior Clean-Verif.	Visual Inspection	Cleaning Verification	Exterior Set-up	Exterior Final Clean
Pass:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Chemical Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Chip Sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refresher Course Activities

I attest to the fact that the above stated student participated in each skill set required and either passed or failed each as indicated by my check mark. In addition, I attest to the fact that the student spent the correct required elapsed time for the activities.

Paint Chip Sampling, activity 1a, should only be conducted in states where legal.

X _____
Hands-on Instructor**ON-SITE STATEMENT**CHECKED PHOTO ID: SHOT PHOTO: Completed & Delivered Registration w/Photo via: Email: EXAM GRADE:
STUDENT ATTENDED ENTIRE CLASS: CERTIFICATE ISSUED TO STUDENT: NO Fax: I, under penalty of law, do state that, when checked, the corresponding statements are true. **X** _____
On-Site Facilitator or Instructor**NOTES & IRREGULARITIES:**

