

COMPRESSOR TRAINING APPLICATION

STUDENT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE#: _____

EMERGENCY CONTACT NAME: _____ CONTACT #: _____

In an effort to make classes as personally identifiable as possible, the following questionnaire has been designed to give the instructors an understanding of your prior experience with compressors, as well as what you expect of this class.

1. How many years of experience do you have in the compressor industry?

2. How many years of experience do you have working with JORDAIR Compressors?

3. If you have worked with JORDAIR Compressors, how many, and which models?

4. If you haven't, which model(s) are you interested in learning more about?

5. What areas of the compressor system do you feel you need the assistance?

6. What do you expect to learn from this class?

STUDENT SIGNATURE: _____

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TYPE OF SCHOOL:

	BREATHING AIR/ INDUSTRIAL LEVEL 1	DATE: _____
	BREATHING AIR/ INDUSTRIAL LEVEL 2	DATE: _____
	RE-CERTIFICATION TRAINING	DATE: _____

FORM OF PAYMENT:

AMOUNT OF PAYMENT \$ _____

 CHEQUE CHEQUE NUMBER: _____ CREDIT CARD VISA or MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____

CARDHOLDER NAME _____ SECURITY CODE: _____

E-MAIL (FOR CC RECEIPT) _____

RECEIPT) _____

NAME OF CARDHOLDER: _____

MAIL OR FAX COMPLETED APPLICATION TO:

JORDAIR Compressors, Inc.
 #205 6901 72 St
 Delta, BC V4G 0A2

Telephone: 604-940-8101
 Fax: 604-940-8131
 Email: info@jordair.ca

Note:

Training application must be filled out and received by JORDAIR minimum 4 weeks prior to course date to be confirmed.

There is a minimum requirement of 4 participants registered and confirmed in order to proceed with the class. Notification of course cancellation will be given minimum 4 weeks before the start date of course.

FOR JORDAIR USE ONLY:

JCI INVOICE # _____	AMOUNT: \$ _____
DATE OF APPROVAL: _____	BALANCE DUE: \$ _____