

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: _____ EXP DATE: _____

CARDHOLDER NAME: _____ CVV CODE: _____

E-MAIL FOR RECEIPT: _____

E-MAIL COMPLETED APPLICATION TO JEFF@JORDAIR.CA

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

Telephone: 604-940-8101
Fax: 604-940-8101
Email: jeff@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: \$ _____