

## COMPRESSOR TRAINING APPLICATION

STUDENT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

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

How many years of experience do you have working with Jordair Compressors?

What areas of compressor maintenance &amp; theory do you feel you need the most assistance?

What do you expect to learn from this class?

What is your primary reason for wanting to take the course?

STUDENT SIGNATURE: \_\_\_\_\_

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**REQUESTED COURSE:**

(Choose one)

|                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | LEVEL 1 Course                    |
| <input type="checkbox"/> | LEVEL 2 Course (Includes Level 1) |
| <input type="checkbox"/> | RE-CERTIFICATION TRAINING         |

**PAYMENT DETAILS:****Credit Card**

|         |  |                 |  |
|---------|--|-----------------|--|
| Card #: |  |                 |  |
| Expiry: |  | Contact E-mail: |  |
| CVC:    |  |                 |  |

Or

**Cheque**

|           |  |
|-----------|--|
| Cheque #: |  |
|-----------|--|

**E-MAIL COMPLETED APPLICATION TO [JEFF@JORDAIR.CA](mailto:JEFF@JORDAIR.CA)**

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

**Tel:** (778) 657-5734  
**Fax:** (604) 940-8101  
**Email:** [jeff@jordair.ca](mailto:jeff@jordair.ca)

**Note:** Training application must be filled out and received by JORDAIR minimum 4 weeks prior to course date to be confirmed. Applications will be accepted when course space is available on a first-come basis.

*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: \$ \_\_\_\_\_