



BUSINESS DEVELOPMENT CENTER

This form must be completely filled out to properly register you for class.

Course Registration Form

Course:

Location: Requested Class Date:

Is EPA 6H Area Source Rule Training needed? Yes No If yes: Full (includes hands-on) Partial (no hands-on included)

PARTICIPANT

Social Security #: I-CAR #: Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility? yes no

(Last 4 Digits ONLY) (Required for I-CAR credit)

First Name: Last Name:

Address:

City: State: Zip:

Mobile Phone #: e-mail:

Emergency Contact: Phone #:

Hands-on activities include the use of respiratory protection. Do you have any health concerns that would prohibit your participation in these activities? yes no

COMPANY / EMPLOYER

Name:

Address:

City: State: Zip:

Phone #: Fax #:

e-mail:

Are you at least 18 years old? yes no

NOTE: You must be at least 16 years old to attend PPG training. The *Consent Waiver* must be completed for students between the ages of 16-18 years old.

SPONSORING JOBBER – All billing is handled through a local distributor.

Approved By:

Company Name:

City: State:

Account #: P.O. #:

Fax #: e-mail:

Phone #:

Territory Manager: Territory #:

FAX OR EMAIL THIS COMPLETED

REGISTRATION TO:
(NO COVER SHEET IS NEEDED)
PPG INDUSTRIES
ATTN - TRAINING DEPARTMENT
FAX (800) 227-4952
Email:
PPGRefinishTraining@PPG.com
PHONE (800) 647-6050

You will receive an **ACKNOWLEDGEMENT** notice once your **REGISTRATION** has been processed.

No later than two weeks prior to the class date, you will receive a **CONFIRMATION** letter that includes a map, directions, and hotel options. Do **NOT** make airline reservations until you have received this written **CONFIRMATION**. We look forward to having you in class.