



# 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 #:  (Last 4 Digits ONLY)     I-CAR #:  (Required for I-CAR credit)      Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility?

First Name:  Last Name:

yes  no

Address:

City:  State:  Zip:

Mobile Phone #:  e-mail:

Hands-on activities include the use of respiratory protection. Do you have any health concerns that would prohibit your participation in these activities?

Emergency Contact:  Phone #:

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.

### 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

### 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 #:

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.