

**ISTC / BEST Complex Specialized Training Class Request**

**All information must be provided before the class will be scheduled.**

Date of class: \_\_\_\_\_  
Class requested: \_\_\_\_\_  
Class cost: \$ \_\_\_\_\_ per participant + \$5.00 Social Security verification  
Company Name: \_\_\_\_\_  
Client ID: \_\_\_\_\_ P.O. # (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Due to the Industrial environment of BEST Complex the following attire is required for all Specialized Training courses. Please convey requirements to all participants.**

- Full-length pants are required
- Short sleeves are allowed, but sleeveless shirts are prohibited
- Closed-toed shoes must be worn

**Requirements for 40 hour Hazwoper as follows:**

By signing below I certify that the participants listed have obtained all of the following requirements prior to class: (please initial by each item)

\_\_\_\_\_ Pulmonary Function Test  
\_\_\_\_\_ Respiratory Fit Test (RFT) for Scott AV-2000 face piece

**Number of participants attending: \_\_\_\_\_ (all special requested classes require a minimum of 6 participants)**

**All non-subscribers will be required to pay for training prior to completion of class.**

**A minimum of 48 hours is required for all cancellations. All cancellations with less than 48 hours or no-shows will be billed full price. Substitutions are allowed.**

<u>Participant Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Company Authorized Representative Date

\_\_\_\_\_  
ISTC / BEST Complex Representative Date