Submit

ISTC / BEST Complex Specialized Training Class Request

<u>All information must be provided before the class will be scheduled</u>.

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 <u>40 hour Hazwoper</u> 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.

Company Authorized Representative Date

ISTC / BEST Complex Representative Date