1) 2 forms of ID must be presented and is required before training! (1st form - Government photo I.D. must be current [i.e. Drivers License] 2nd form – anything with your name preprinted [i.e. Social Security Card]
2) Students must arrive for 15 minutes prior to class.
3) Registration is REQUIRED 24 HOURS IN ADVANCE by fax/email (see above for information)
4) On Line Registration – Member Companies can do 24/7

COMPANY NAME: ____________________________________________________________
BILLING ADDRESS: __________________________________________________________
CONTACT: ______________________ PHONE#: ____________________ FAX#: ____________

The following information must be provided and completed

Brand of Respirator: Model #: Type:
Example i.e. SCOTT AVISTA 2000 Full Face
1. __________________ __________________ __________________
2. __________________ __________________ __________________
3. __________________ __________________ __________________

Please print your employee(s) information

<table>
<thead>
<tr>
<th>SSN / WTSTC ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Tested on Respirator(s) #</th>
<th>Date of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 123456789</td>
<td>Elvis</td>
<td>Presley</td>
<td>1 &amp; 3</td>
<td></td>
</tr>
</tbody>
</table>

Any employee(s) that gets Fit tested must be medically cleared prior to Fit testing. They may get cleared either through a Physician or they may use WTSTC through ProSafe. ProSafe does charge per a Medical Evaluation and they must be emailed to prosafe@grandecom.net. (When sending email please state when the Fit testing will be taken) Determining on their Medical Evaluation your employee(s) may or may not need a Pulmonary Function Test. If your employee(s) need to get one done, then they must be here at WTSTC by 8:00 A.M. unless prior arrangements were made. The employee(s) that are cleared to Fit test may come in any time between the hours of 7:00 A.M thru 3:00 P.M. Prices are as followed:

Fit test (Per Mask): $50.00 Members/ $75.00 Non Members
Medical Evaluation(s): $50.00 Members/ $75.00 Non Members
Pulmonary Function Test(s): $50.00 Members/ $75.00 Non Members

Any employee(s) taking the above marked classes MUST comply with OSHA’s facial hair guidelines as established 29 CFR 1910.134.

NEW MEMBERS: Payment is due at check in. {Cash, Check, Master Card, Visa, Discover & American Express}
MEMBERS: You will be billed for the classes.
NON MEMBERS: Payment is due at check in. {Cash, Master Card, Visa, Discover & American Express}
Companies will be charged for any classes unless a cancellation is done in advance.

Authorized Signature: ___________________________ Date: _______________