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|------------------------|
| TODAY'S DATE: |
| INSTRUCTOR'S NAME: |
| INSTRUCTOR'S CERT #: |
| INSTRUCTOR'S EMPLOYER: |
| SENDER'S E-MAIL: |

OPERATOR / USER COURSE COMPLETION FORM

ANY INCORRECT INFORMATION WILL RESULT IN AN ADDITIONAL FEE FOR RE-PROCESSING

| | |
|--|--|
| STUDENT NAME <small>(as you want it to appear on your certificate)</small> | |
| COMPANY NAME | |
| ADDRESS <small>(house number & street name)</small> | |
| CITY, STATE AND ZIP | |
| DAYTIME PHONE NUMBER <small>(optional / recommended)</small> | |
| E-MAIL <small>(optional / recommended)</small> | |
| LOCATION WHERE COURSE WAS TAKEN | |
| CLASS DATES: START - END <small>(month/day/year)</small> | |



INSTRUCTORS PLEASE CHECK OFF ONLY EQUIPMENT TRAINED ON:

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> SL 17A/B | <input type="checkbox"/> KM 37 | <input type="checkbox"/> DIAMOND |
| <input type="checkbox"/> SL 17C | <input type="checkbox"/> KM 37SS | <input type="checkbox"/> KMB 18/28 |
| <input type="checkbox"/> SL 17K | <input type="checkbox"/> KM 47 | |
| <input type="checkbox"/> SL 27 | <input type="checkbox"/> KM 57 | |
| | <input type="checkbox"/> KM 77 | |
| | <input type="checkbox"/> KM 97 | |

OTHER: _____