



\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSTRUCTOR

\_\_\_\_\_  
INSTRUCTOR'S CERT #

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**OPERATOR / USER COURSE COMPLETION FORM**  
(PLEASE PRINT LEGIBLY IN ALL SECTIONS)

ANY MISPELLED NAMES DUE TO ILLEGIBLE HANDWRITING WILL RESULT IN AN  
ADDITIONAL \$25.00 FEE FOR PROCESSING

\_\_\_\_\_  
YOUR NAME (As you want it to appear on your certificate)

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, AND ZIP

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
LOCATION WHERE COURSE WAS TAKEN

CLASS DATES: \_\_\_\_\_ TO \_\_\_\_\_

<b>EQUIPMENT TRAINED ON:</b>				
____ SL-17 A/B	____ SL-17K	____ SL-27	____ SL-17C	
____ KM-37	____ KM-37SS	____ KM-47	____ KM-57	____ KM-77
____ KM-97	____ KMB 18/28			