



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



INSTRUCTORS PLEASE CHECK OFF ONLY EQUIPMENT TRAINED ON:

- ☐ SL 17A/B
- ☐ SL 17C
- ☐ SL 17K
- ☐ SL 27

- ☐ KM 37
- ☐ KM 37SS
- ☐ KM 47
- ☐ KM 57
- ☐ KM 77
- ☐ KM 97

- ☐ DIAMOND
- ☐ KMB 18/28

☐ OTHER: