



DATE:

INSTRUCTOR'S NAME:

INSTRUCTOR'S CERT #:

INSTRUCTOR'S EMPLOYER:

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## OPERATOR / USER COURSE COMPLETION FORM

ANY INCORRECT INFORMATION, WILL RESULT IN AN ADDITIONAL \$30.00 FOR PROCESSING

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



**INSTRUCTORS PLEASE CHECK OFF ONLY EQUIPMENT TRAINED ON:**

- |                                   |                                  |                                    |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> SL 17A/B | <input type="checkbox"/> KM 37   | <input type="checkbox"/> KMB 18/28 |
| <input type="checkbox"/> SL 17C   | <input type="checkbox"/> KM 37SS |                                    |
| <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:

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