



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>(building 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: