



TECHNICIAN COURSE COMPLETION FORM

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

STUDENT SECTION

STUDENT NAME (LEGAL)	
FIRST TIME STUDENT OR MY CERTIFICATE HAS EXPIRED	☐ Will receive a <u>THREE</u> Year Certification Card
By selecting this box I acknowledge that my KMDSI Certificate HAS NOT EXPIRED	☐ My CURRENT VALID KMDSI Certificate is (example: T-12345)
COMPANY NAME or check box for INDEPENDENT OR SELF-EMPLOYED	☐
CITY & COUNTRY required	
E-MAIL required	
DAYTIME PHONE NUMBER optional	
REQUEST WALL DISPLAY PAPER CERTIFICATE check box	☐ Optional – Additional charge may apply

INSTRUCTOR ONLY SECTION

TODAY'S DATE	
INSTRUCTOR'S NAME	
INSTRUCTOR'S CERT #	
INSTRUCTOR'S EMPLOYER	
SENDER'S EMAIL	
COURSE LOCATION city & country	
CLASS DATES: START-END (month/day/year)	



INSTRUCTORS PLEASE CHECK OFF ONLY EQUIPMENT TRAINED ON

- | | | | |
|-----------------------------------|-------------------------------------|--|---|
| ☐ SL 17A/B | ☐ KM 37 | ☐ KMB 18/28 | ☐ SF 1 ST STAGE |
| ☐ SL 17C | ☐ KM 37SS | ☐ EXO 26 | ☐ SF 2 ND STAGE |
| ☐ SL 17K | ☐ KM 47 | ☐ EXO BR | ☐ KMACS-5 |
| ☐ SL 27 | ☐ KM 57 | ☐ M-48/MOD-1 | |
| | ☐ KM 77 | ☐ SURFACE SUPPLIED MOD-1 (SS MOD-1) | |
| | ☐ KM 97 | | |
| | ☐ KM DIAMOND | | |

☐ OTHER: