



Training Request Form

*Complete and send to: m.koon@ehs-solution.com
kristi@ehs-solution.com

| PERSON REQUESTING SERVICES | TITLE | DATE | TIME |
|----------------------------|-------|------|------|
| | | | |

Training Services Requested

Check the following Box(s) that apply:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> PEC Basic | <input type="checkbox"/> OSHA 10 | <input type="checkbox"/> HAZWOPER: <input type="checkbox"/> 08 <input type="checkbox"/> 24 <input type="checkbox"/> 40 |
| <input type="checkbox"/> PEC Core | <input type="checkbox"/> OSHA 30 | <input type="checkbox"/> Telehandler |
| <input type="checkbox"/> PEC H2S | <input type="checkbox"/> First Aid/CPR/AED | <input type="checkbox"/> Scissor Lift |
| <input type="checkbox"/> MSHA | <input type="checkbox"/> Boom Lift | <input type="checkbox"/> Other _____ |

COMPANY NAME - _____

NAME OF JOBSITE LOCATION- _____

JOBSITE TRAINING LOCATION- _____

CONTACT PERSON- _____

CONTACT PERSON PHONE NUMBER- _____

CONTACT PERSON EMAIL- _____

DATE AND TIME OF TRAINING- _____

ARE OTHER COMPANIES ATTENDING TRAINING? - _____

WILL YOUR COMPANY BE PROVIDING PAYMENT FOR THE OTHER COMPANIES?- _____

PLEASE PROVIDE WHO WILL RECEIVE BADGES/CARDS- _____

ADDRESS BADGES/CARDS WILL BE MAILED TO- _____

JOB # AND COST CODE- _____

PURCHASE ORDER- _____

EMAIL INVOICES TO THE FOLLOWING- _____

SIGNATURE: _____

DATE: _____