PLEASE PRINT

STUDENT REGISTRATION FORM

DATE(S) OF COURSE: _____

NAME OF COURSE: _____

RANK(mil)/GRADE(civ) _____ LAST NAME _____ FIRST NAME _____ MI ___

SSN _____ DATE OF BIRTH **(Example: 04 Mar 61)** _____

OFFICE PHONE (commercial with area code) _____ DCTN (DSN or AUTOVON) _____ FAX NUMBER _____

OFFICE _____

ADDRESS: _____

CITY/STATE/ZIP CODE/COUNTRY

MILITARY:
Active Duty_____
Reserve_____
National Guard_____

BRANCH: (must check one)
Army_____ Marine_____
Navy_____ Air Force_____
Coast Guard_____
Other (please specify country)_____

CIVILIAN:
DOD Civ_____
NAF Civilian_____
Contractor_____
Other (please specify)_____

BRANCH: (must check one)
Army_____ Marine_____
Navy_____ Air Force_____
Coast Guard_____ DLA_____
State/Local Gov't_____
Other (please specify)_____
Foreign Nat'l - indicate country_____

HOW DID YOU HEAR ABOUT OUR TRAINING? _____Catalog _____Associate
_____Previous training _____Conference

JOB TITLE _____ MOS OR OCCUPATIONAL SERIES _____

The above information is true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____

PRIVACY ACT INFORMATION OF I974: AUTH: I0 USC 30I2
PURPOSE AND USE: To maintain reference and location of assigned individual, and training record requirements under the Resource Conservation and Recovery Act (RCRA). Disclosure information is given voluntarily. Failure to provide the requested information could result in nonissuance of certificate.

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