

APPLICATION FORM

HAZMAT TRAINING PROGRAM

NAME: _____ DATE OF BIRTH: _____
As it appears on your government issued identification (airline TSA requirement)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: home: () cell: ()

E-MAIL: _____

UNION: _____ LOCAL/LODGE: _____

RAILROAD: _____

JOB TITLE: _____

SSN*: _____

***SSN Required if applying for stipend payment.**

In order of preference, please indicate choice of date for training:

2010

2011

_____ October 10-15, 2010
Silver Spring, MD

_____ March 20-25, 2011
Silver Spring, MD

_____ October 17-22, 2010
Silver Spring, MD

_____ April 24-29, 2011
Silver Spring, MD

_____ May 1 - 6, 2011
Silver Spring, MD

PLEASE RETURN THIS FORM AND/OR ALL INFORMATION TO:

Mail:
Hazmat Training Program
National Labor College
10000 New Hampshire Avenue
Silver Spring, MD 20903
(301) 439-2440

Fax:
(301) 628-0165

E-Mail
ftomas@nlc.edu

On-Line Registration Available at: <http://www.hazmatgmc.org>

Registration is first-come, first-served, and class size is limited to 25. Due to high registration, only those selected for training will be notified.