



NEW YORK CLASS REGISTRATION FORM

Contact Name

Contact E-Mail Address

Technician Name:

Company Name:

Company Address:

Company Phone

Company Fax

Re-Certification

OR

New-Certification

Current Certification Number

(or Last "6" Digits of SSN #)

METHODS TO BE CERTIFIED FOR: (check all that apply)

EZY 3 LOCATOR PLUS

PRODUCT LINE TESTER

LEAK DETECTOR TESTER

In order to attend the class payment is due on or before July 31st, 2006