EPA Renovation Repair and Painting Training Program
2019 Registration for Training Form

Date of Training: ☐ **January 9** ☐ **April 10** ☐ **July 10** ☐ **October 9**

Printed Name: _____
First Middle Last

State ID #: _____ State: _____ Date of Birth: _____
MM/DD/YY

Home Address: _____
Street City State Zip

Phone Number: ( ) _____ - _____ ☐ Cell ☐ Home

Email: _____

Company: _____

Address: _____
Street City State Zip

Office Phone Number: ( ) _____ - _____ Fax: _____

FORM OF PAYMENT

Payment of $250.00 is due prior to the start of the class, with no exceptions. Forms of payment shall be by exact cash, company check, money order, or credit card (Visa, Master Card or Discover).

DISCLAIMER

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I, _____ have read and understood the disclaimer statement and I agree to be bound by the provisions of such. I specifically understand that in the use of these materials I am waiving any claims, damages, losses, and expenses including attorney's fees and costs against Leaaf arising from actions which I may take on the job.

Signature **Date**: