

# NALFA

## INSPECTOR AND INSTALLER CERTIFICATION COURSE REGISTRATION FORM

**COST PER CLASS \$350 PP. WFCB SCHOLARSHIP FUNDS APPROVED.**

Inspector Course \_\_\_\_\_

Installation Course \_\_\_\_\_

Date : \_\_\_\_\_

WFCB Member : \_\_\_\_\_ Yes \_\_\_\_\_ No

Name:

Address:

City:

State :

Zip :

Company  
Name :

Business Ph:

Cell Ph:

Fax:

E-mail:

Self Employed: Yes  No

Inspection experience (years) :

Installation experience (years) :

Certification(s)

Experience with Power Tools? Yes  No

Please list products you have experience inspecting or installing:

Known Food allergy: Yes  No  if yes, please list:

Class Date & Location Interested In :

Food restrictions due to Faith or other: Yes  No  if yes, please indicate:

Contact Information to be used in case of emergency:

Please list 3 business references - Company, contact name, and phone numbers:

# 1.

# 2.

# 3.

Additional comments if needed: