

Course ID#: \_\_\_\_\_

**For Trainer/Office Use Only**

**SUPERFUND SITE:** \_\_\_\_\_ **DOE SITE:** \_\_\_\_\_

**Pre-Test:** \_\_\_\_\_ **Post-Test:** \_\_\_\_\_ **Hands-on Training Score:** \_\_\_\_\_ **Combined Score:** \_\_\_\_\_

**REGISTRATION FORM**

**Course Information:**

Course Type: \_\_\_\_\_ Date(s): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number (a 9-digit number is **MANDATORY**): \_\_\_\_\_

Name :

Address:

City:

State:

Zip:

Phone:

Work Phone:

**Sex:**  Male  Female

**Birth Date:** mm: \_\_\_\_ /dd: \_\_\_\_ /yy: \_\_\_\_

**Race:**  White  Black  Hispanic  Asian or Pacific Islander  
 American Indian or Alaskan Native  Other: \_\_\_\_\_

Are you currently employed?  Yes  No

**Employer:** \_\_\_\_\_

**Check here if you are an instructor**

**Affiliation:**

Are you a union member?  Yes  No (If No, skip to Hazardous Waste Experience Form on reverse side)

**If union affiliated, please fill out:**

**Craft/Trade:**

- |                                                   |                                                      |                                       |
|---------------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boiler Makers            | <input type="checkbox"/> Bricklayers                 | <input type="checkbox"/> Carpenters   |
| <input type="checkbox"/> Electrical Workers       | <input type="checkbox"/> Insulators/Asbestos Workers | <input type="checkbox"/> Iron Workers |
| <input type="checkbox"/> Laborers                 | <input type="checkbox"/> Operating Engineers         | <input type="checkbox"/> Painters     |
| <input type="checkbox"/> Plasterers/Cement Masons | <input type="checkbox"/> Plumbers/Pipefitters        | <input type="checkbox"/> Roofers      |
| <input type="checkbox"/> Sheet Metal Workers      | <input type="checkbox"/> Other (please specify)      |                                       |

Local Union/District Council: \_\_\_\_\_

**Please turn the page ➤**

## HAZARDOUS WASTE EXPERIENCE

Have you ever done work that required you to be certified for hazardous waste? YES ( ) NO ( )

**Please list the most recent jobs that you have worked that required you be certified in hazardous waste:**

Employer: _____	Employer: _____
Site (name and type): _____	Site (name and type): _____
City, State: _____	City, State: _____
Type of work: _____	Type of work: _____
Year: _____	Year: _____

Have you ever encountered hazardous waste, soil contamination or other environmental contamination in the course of your work? YES ( ) NO ( )

**Please list the most recent jobs that you have worked where you have encountered HazWaste or contamination:**

Employer: _____	Employer: _____
Site (name and type): _____	Site (name and type): _____
City, State: _____	City, State: _____
Type of work: _____	Type of work: _____
Year: _____	Year: _____

Are you about to do work that requires you to be certified in hazardous waste? YES ( ) NO ( )

**Where?**

Employer: _____	City, State: _____
Site (name or type): _____	Type of work to be performed: _____

**Please check all that you have been exposed to at work:**

Contaminated Soil ( )	Solvents ( )	Lead ( )
Contaminated Water ( )	Asbestos ( )	Epoxies ( )
Other Hazards (Specify) _____		

**Pick your most recent job where you were exposed to toxics:**

What were the toxic(s)? _____	Year? _____
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**To protect you, were you given (check all that apply):**

Respirator with filters ( )	Chemical resistant gloves ( )
Respirator with air tank or hose ( )	Chemical resistant boots ( )
Chemical resistant suit ( )	Other (specify): _____