



OUTREACH TRAINING PREREGISTRATION FORM

Trainer Name:	Trainer Card Number:
Industry:	Expiration Date:
Phone:	Email:

Construction	General Industry
10-hr□ 30-hr□	10-hr□ 30-hr□
ET&D	Maritime
10-hr□ 20-hr□	Shipyards 10-hr□ 30-hr□
Disaster Site	Marine Terminals 10-hr□ 30-hr□
7.5-hr□ 15-hr□	Longshoring 10-hr□ 30-hr□

COURSE DATE #1:	COURSE DATE #2:	COURSE DATE #3:	COURSE DATE #4:
START TIME:	START TIME:	START TIME:	START TIME:
END TIME:	END TIME:	END TIME:	END TIME:

Note: Please provide additional course dates as necessary.

Training Address:				
City:	State:	Zip Code:		
Approximate number of students:				
Note: Trainers must submit exception request for fewer than 3 or more than 40 students				

Trainer Signature:

Date:

Email: ce@uw.edu **Fax:** 206-685-3872 **Phone:** 206-685-3089 4225 Roosevelt Way NE, Suite 100, Seattle, WA 98119