



SRP Environmental, LLC Training Registration Form
 348 Aero Drive
 Shreveport, Louisiana 71107
 (318) 222-2364 (318) 222-2326 (fax)

Course Date: _____ **Course Name:** _____

Instructions: Please provide all of the information that is requested. Print your name and social security number.

First Name: _____ **Initial:** _____ **Last Name:** _____

Social Security Number: _____ **Is this a refresher course? Yes/No?**

Company Information:

Name:			
Address			Phone # ()
City	State	Zip Code	Fax#
Email Address			

Home Information:

Name			
Address			Phone #()
City	State	Zip Code	Fax #
Email Address			

Statement of Release

The undersigned individual is here to receive training as required to successfully complete the course being offered. Certain of these courses provide hands-on training which may include the use of respiratory protection equipment. The undersigned will voluntarily participate in this training at his/her option and will not hold SRP Environmental, LLC responsible or liable for any accident or injury that may occur relative to this activity.

Signature: _____ **Date:** _____

FOR REFRESHER COURSES ONLY

The undersigned participant acknowledges their understanding of specific regulatory requirements that an individual must meet to maintain current accreditation in certain disciplines of the environmental profession. In order to maintain certification, refresher courses (length and frequency dependant on specific regulation, must be taken. The undersigned further acknowledges their understanding that the burden of proof of current accreditation is on the individual, who may be asked to show proof of original training, and all refreshers taken within the required time frames. The issuance of a certificate of completion for this refresher course in no way provides proof of original training or the continuity of refreshers that is required for current accreditation.

Signature: _____ **Date** _____