

PROFESSIONAL SAFETY TRAINING SERVICES, INC.

102 BROWNING LN. - BUILDING C - LOWER LEVEL

CHERRY HILL, NEW JERSEY 08003

Phone#: (856) 427-9500 Fax#: (856) 427-9508

STUDENT ENROLLMENT FORM

(All Courses Start at 8:30 AM)

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY PH.#: _____ COMPANY FAX#: _____ E-MAIL: _____

STUDENT INFORMATION

STUDENT NAME: _____

STUDENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENT PH#: _____ CELL PH#: _____ E-MAIL: _____

COURSE START DATE: _____

NAME OF COURSE(S) STUDENT WILL ATTEND: (Check all that apply)

- ___ 40 Hr. Hazardous Site Worker
- ___ 24 Hr. Site Support Worker
- ___ 8 Hr. Confined Space Entry
- ___ 8 Hr. Supervisor/Management
- ___ 8 Hr. Annual OSHA Refresher
- ___ 8 Hr. Process Safety Mgt.
- ___ 4 Hr. HAZMAT Transportation
- ___ 4 Hr. Lead Awareness
- ___ 4 Hr. Excavation & Trenching
- ___ 4 Hr. Competent Person
- ___ 4 Hr. Asbestos Awareness
- ___ 8 Hr. Safety Awareness
- ___ 8 Hr. CPR and First-Aid
- ___ Heavy Equip. Operator Safety
- ___ 4 Hr. Forklift Operator Safety
- ___ 10 Hr. Construction Safety
- ___ 30 Hr. Construction Safety
- ___ 4 Hr. Ladder & Scaffolding Safety
- ___ 4 Hr. Ergonomics/Back Safety
- ___ 4 Hr. CDL Exam. Preparation
- ___ 4 Hr. Bloodborne Pathogens/Med Waste
- ___ Site Safety Officer

Other courses not listed: _____

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

PAYMENT INFORMATION

Cardholder's Name: _____

VISA

MASTERCARD

Address: _____

AMEX

CO. CHECK

City: _____ State: _____ Zip: _____

CREDIT CARD NUMBER

Phone: _____ Ext: _____

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Cardholder's Signature: _____

EXPIRATION DATE:2