



EPA FIRM CERTIFICATES
 NAT-19281-1
 NY-2249-2

706 North Salina Street
 Suite 301
 Syracuse, NY 13208-2584

www.leadtesting.net

T 315-471-3210
 F 315-703-9637
 TF 866-487-9628

REGISTRATION FORM

Directions: Completely read, fill out and sign this form. The submission of this form does not a guarantee the registrant that the course is going to be held. Payment in advance is required. Upon receipt of the completed registration form and payment you will contacted with the course confirmation details.

ALL INFORMATION MUST BE INCLUDED BELOW:

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Date of Birth:</i>
<i>Street / PO</i>	<i>City:</i>	<i>State</i>	<i>Zip</i>
<i>Participant Phone Number:</i>			<i>Email Address:</i>

Course Title: _____

Charge: _____

Requested Course Date(s): _____

NOTE: All lead activity-training courses (Worker, Inspector, Risk Assessor, Project Designer, Supervisor) are conducted by CNY Environmental Institute, Inc.

Payment Options – Please Check one

Cash Credit Card Check (on Back) Agency Grant

If an agency or company is paying for your course, complete the information below.

Agency or Company Name: _____

(AC) & Phone Number: _____

Street: _____

City: _____

State: _____

Zip: _____

Authorized Signature of Sponsoring Agency or Company: _____

DISCLAIMER OF LIABILITY

Registrant, to induce Lead Safe LLC, to provide training, agrees that Lead Safe LLC shall not be liable to Registrant or third persons for any claims, actions, or demands directly or indirectly associated with Lead Safe LLC.'s training of Registrant, unless due to willful fault or gross neglect on the part of Lead Safe LLC. Registrant acknowledges that Lead Safe LLC cannot be responsible for Registrant's understanding or comprehension of the material presented, or the application of the material to specific jobs, or the actions of others beyond the control of Lead Safe LLC.

All students are required to attend all sections of the class and complete the training during the scheduled course. Should the student miss any part of the scheduled course any makeup training will be billed at \$100 per hour and said makeup training will occur at Lead Safe LLC's discretion. There are no refunds. I certify that I have read and understand this contract and that the above information is correct.

Participant Signature

Date

Type of ID Provided: _____

Cert. # _____

Grade: _____



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Credit Cards Accepted:



I, _____ hereby authorize Lead Safe LLC to charge my credit card account for \$_____ for the EPA Lead Course.

Credit Card Number: _____

Card Holder Name: _____ Phone # _____

Card Billing Address: _____

Expiration Date: _____ CVV2 or CVC2 (Security Code on Back of Card): _____

Card Holder Signature: _____ Date: _____

Charges to Lead Safe will appear on your credit card bill as "CNY Renovation Supply."