RV Refrigerator Training Application – Required to Secure Training Date

Last Name	First Name		Middle Initial
Street Address	City	State	Zip
Birthdate	Phone	Email	
WORK EXPERIENCE:		Country	
Employer	Address & Phone	Dates	Position/Duties
How did you hear about FRVF	RTC?		
Are you a Veteran? □Yes [□No If yes, Branch of Servic	e	Do you own an RV?
List Certifications (If any)			
Explain why you would like to	learn RV Refrigerator Reconc	litioning: (May continue o	n back if necessary)
			and January classes are held the s as some months are not available.
The completion and submittal requested date as there are n date.		•	nrollment in FRVRTC on the C will work with me to find a suitable
If accepted, I plan to attend cla Aug Sept Oct months do not include all clas	_ Nov Dec of (Y	March April 'ear) (Please s	May June July see the student catalog as some
I have chosen to attend the f	ollowing: R101 (40 hour R103 (80 hour		+ additional 8 hours) Iours)
I have enclosed an Application	n Fee of \$	CK#	
CC#		Exp/	Sec. Code/
Name on the Card			
Veterans please supply SS#	VETERANS (DNLY (Required)	**Please include a copy of your Certificate of Eligibility
	nereby state that the above i		
	ation Training Center - 174		