

WEST COAST TRAINING

P.O. Box 970
Woodland, WA 98674

Phone: (360) 225-6787
Toll free 1-800-755-5477

→ FAX: (360) 225-6760

REGISTRATION FORM

Please print plainly and return by FAX or Mail

This completed form will help us to determine if you qualify for training. Please understand that the School is under no obligation to accept you, nor are you under any obligation to the School by completing this Qualifying Form.

Please check which course of study is of interest:			
<input type="checkbox"/> Crane	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Hazmat 40 Hr.
NAME: Last _____		First _____ MI _____	
PHYSICAL ADDRESS: Street _____		City _____ State _____ Zip _____	
MAILING ADDRESS: Street or PO Box _____		City _____ State _____ Zip _____	
PHONE NO. () _____		SOCIAL SEC. NO: ---- ----	
EMAIL ADDRESS: _____		City & State of Birth: _____	
CIRCLE ONE: MALE FEMALE		Birth Date: _____	
ETHNIC BACKGROUND: White Black Asian Hispanic American Indian Alaskan Hawaiiin Native Pacific Islander Multi Racial Other _____		MONTH DAY YEAR	
Do you speak, read and understand English? Yes or No		DRIVERS LICENSE #:	
CITIZEN OF THE U.S.A.? Yes or No		LIC. STATE:	
EDUCATION: High School Diploma or GED Year Graduated: _____			
WE DO OFFER JOB PLACEMENT ASSISTANCE. HOWEVER, WE DO NOT GUARANTEE EMPLOYMENT.			
BRANCH OF US SERVICE	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE
NOTIFY IN CASE OF EMERGENCY: _____		PHONE NO. () _____	
ARE YOU WORKING? Full Time _____ Part Time _____ Unemployed _____ Doing What? _____			
Do you have any physical limitations? Yes or No		If yes, What? _____	
Do you have any learning disabilities? Yes or No		If yes, What? _____	
Are you on medication that would prevent you from operating machinery: Yes or No			
Have you ever been convicted of a felony: Yes or No		If yes, When? _____	
What was the nature of the offense? _____			
How will you finance your education if accepted? _____			
In compliance with Public Law 93-380 (Buckley Amend.) I hereby give permission to WEST COAST TRAINING to disclose the contents of my personal file to potential employers or other schools.			
Date you would like to begin school: _____			
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Signature: _____ Date: _____			
Please tell us the best way to contact you. Phone: _____ or Email: _____			