



**5-Day Entry-Level Cleaner's Certification Course
COURSE APPLICATION FORM**

Candidate Information

Name of Candidate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Current Job Title: _____ Years/months employed as a cleaner: _____

Company Information (if applicable)

Name of Company: _____

Phone Number: _____ Fax Number: _____

Payment Information

A deposit of \$500.00 US for materials must accompany your registration; the remainder is due before the course starts. Payment is accepted by Master Card, Visa, Check or Money Order.

Card Holder's Name: _____ Type of Card: _____

Credit Card #: _____ Expiry Date: _____

Signature: _____ Date: _____

Disclaimer

Phillip Ackland Holdings Ltd. & DPW Sales And Service takes no responsibility for the forms or educational interpretation of the student.

All forms and educational interpretation are for suggested purposes only. It will be the student's responsibility to seek out the Authority Having Jurisdiction, (AHJ), for a final interpretation of all classroom information provided by Phil Ackland Holdings Ltd. & DPW Sales & Service.

I hereby certify that all the information provided on this application (front and back) is true to the best of my knowledge. I understand that if any of the information provided proves to be false, it voids my certification.

DPW Sales and Services & Phillip Ackland Holdings reserves the right to cancel the course if there are less than three students registered.

I UNDERSTAND THAT AT THE COMPLETION OF THIS COURSE AND IF I PASS THE CERTIFICATION TEST, I CAN ONLY RECEIVE INTERIM CERTIFICATION. I UNDERSTAND THAT TO RECEIVED FULL CERTIFICATION, I NEED TO FULFILL ALL THE REQUIREMENTS AND FILL OUT THE "FULL CERTIFICATION FORM."

Signature: _____ Date: _____

The information provided on/with this application will be kept on file at Phillip Ackland Holdings Ltd. and **not** be distributed to anyone without written *permission to release* from the Company Candidate.

Please mail this completed application to: DPW Services, 901 Ulrich Avenue, Louisville, KY 40219, or fax it to 502-964-2019.