

PRE-TEST TRAINING REQUEST



Please fill out form completely.
Forms not filled out completely will be returned.
Forms that have been altered from the original format will be discarded.

Only one form per each training class request

Today's Date: _____ Bid: Yes ____ or No ____

Name: _____ Last 4 digits of your S.S. #: _____

Job Title: _____ NCS Date: _____

Work Address: _____ Local IBEW#: _____

_____ Manager's Name: _____

Work Tel./C.P.#: _____ Manager's Work Tel #: _____

Fax#: _____ Fax #: _____

Email Address : _____ (for class notification)

Home mailing address (for test results): _____

Training Package Requested (CHECK ONLY ONE):

Primary Test:

GRANDFATHERED

Secondary Tests:

_____ Technical Test for CO, EI, SST, FA, Customer Support Analyst

Includes: Applied Technology Series
ATS-VTS.1 : Following Instructions
FTS-4 : Fault Finding

_____ CCSQ Test for Service Reps, Customer Service Assistant

Includes: Customer Contact Styles Questionnaire

FAX TO PRE-TEST COORDINATOR AT 802-654-7245