



ALPHA PRO SOLUTIONS REGISTRATION FORM

Visit www.alphaprosolutions.com for class schedule. *Additional classes added based on demand.*

STUDENT INFORMATION (Billing Information required on page 2)

Name _____

Company _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Student Email _____ (Required)

SELECT YOUR COURSES (all courses DOT unless specified):

	BAT* with Device Training/Mock Tests New or Refresher EBT Make/Model: _____ (required)	\$ 470.00
	BAT* with Device Training/Mock Tests & Instructor Training (New or Refresher) EBT Make/Model: _____ (required)	\$1365.00
	Collector (Urine) with Mock Tests (New or Refresher)	\$ 315.00
	Collector (Urine) with Mock Tests & Instructor Training (New or Refresher)	\$ 505.00
	Collector (Alternate Technologies) with Mock Tests – Non-DOT Collection Type/Device: _____ (required)	\$ 225.00
	Designated Employer Representative (DER)	\$ 350.00
	Error Correction BAT / STT / Collector (circle one) <i>Must submit error correction paperwork with registration</i>	\$ 100.00
	STT with Device Training/Mock Tests (New or Refresher) ASD Make/Model: _____ (required)	\$ 315.00
	STT with Device Training/Mock Tests & Instructor Training (New or Refresher) ASD Make/Model: _____ (required)	\$ 505.00
	Supervisor Reasonable Suspicion	\$ 100.00
** PRICES EFFECTIVE 01/01/18 & SUBJECT TO CHANGE**		
	SUB-TOTAL	\$
	(additional charges for multiple and international locations) SHIPPING & HANDLING	\$ 15.00
	TOTAL	\$

**Includes additional Calibration Technician Training for Lifeloc devices only.*

CLASS DATE DESIRED _____ (Schedule/Location on APS Website) **WEBCAM / CLASSROOM** (circle one)

PAYMENT REQUIRED IN ADVANCE. BILLING AND STUDENT INFORMATION MUST BE COMPLETED ON NEXT PAGE TO BE CONFIRMED.

All cancellations subject to a \$100.00 fee once confirmed by APS.

www.alphaprosolutions.com **Alpha Pro Solutions, Inc.** Email: Trainer@alphaprosolutions.com
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Page 2 – Company & Billing Information

COMPANY INFORMATION

Company _____
Company Administrator (responsible for training) _____
Admin Email _____ (required)
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

BILLING INFORMATION

Company _____
Address _____
City _____ State _____ Zip _____
Billing Administrator (responsible for payment) _____
Billing Admin Email _____ (required)
Phone _____ Fax _____
Credit Card Number _____ Expiration Date ____/____/____
Name on Credit Card _____ Signature _____

COURSE PRE-REQUISITES AND REQUIREMENTS:

_____ (Initial)

All APS courses require the student to complete the corresponding Online Course as a pre-requisite (included in the course price). The Online Course must be passed with a score of 85% or better at least 3 days prior to the scheduled class date. Additionally, the student is responsible for having the necessary supplies available for class. All supplies are listed on the APS website and detailed on the Course Confirmation Letter emailed to the student.

RESCHEDULING AND CANCELLATION POLICY:

_____ (Initial)

Full payment is required at the time of registration. A \$100 rescheduling fee will apply for any changes required after a class date has been confirmed. This includes, but is not limited to, rescheduling due to technical issues, non-completion of the course pre-requisites, and not having the required supplies available for class. Cancellations made 14 days or more prior to the confirmed class date will be assessed a \$100 cancellation fee, with the balance issued as an APS credit for future purchases. No credit will be given for cancellations made less than 14 days prior to the scheduled class.