Dear Participant,

We're ecstatic that you've chosen the electric power industry for your profession and look forward to you attending our TEEX Lineman Academy!

Over the course of the 15 week (480 hour) program, you will be provided a comprehensive training experience that utilizes the best work methods, equipment, tools and standards. We offer classroom and hands-on field training with a real-world approach delivered by high-quality curriculum, experienced instructors, and specialized equipment and facilities.

Before registering, please review the course syllabus, rules and polices, and frequently asked questions (FAQ) documents on our website at www.teex.org/linemanacademy. These documents will discuss what items TEEX provides for the course and what students will need to bring to the program, along with what topics will be covered for the duration of the program. The FAQ page will hopefully answer any other questions you may have.

To register for the program, please proceed to www.teex.org/linemanacademy. Choose the EPP700 course from the drop down menu and click register. **Please note that full payment is required prior to the first day of the program.

When registering for the program, you will need to supply the following items to TEEX, no later than one week, prior to the start of the program:

- a copy of a valid driver's license (must be 18 years or older)
- a copy of a high school diploma or GED
- a copy of an official medical release signed by a physician
- a copy of the Supply Checklist that includes your shirt size and belt size

Please fax these documents to Customer Care at 979-458-1426 after you have registered online for the program.

Thank you for choosing TEEX as your training provider. Please contact me if you have any further questions. We look forward you seeing you in the Academy!

Sincerely,

Len Jenicek
Utilities Training Manager
Office: 979-845-6562
Len.Jenicek@teex.tamu.edu
MEDICAL RELEASE TO DETERMINE FITNESS FOR TEEX LINEMAN ACADEMY

Participant Information:

__________________________________________ _________________
Participant Legal Name (Last Name, First Name MI)  TEEX Student ID (or last 4 of SSN)

For the medical professional conducting the examination:
The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a lineman performing the tasks listed below.
The applicant must have the ability to:
- communicate orally and in writing.
- lift items up to 80 lbs.
- grip and operate hand and power tools.
- climb utility poles using proper equipment. (up to 30 feet off the ground)
- work from an aerial device with a max rating of 300 lbs.
- work in adverse/extreme outdoor conditions during field activities.

Examination should include but is not limited to:

<table>
<thead>
<tr>
<th>Head and Neck</th>
<th>Tumors and Malignant Diseases</th>
<th>Blood and Blood Forming Organs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes and Vision</td>
<td>Chemicals, Drugs, and Medications</td>
<td>Endocrine and Metabolic Disorders</td>
</tr>
<tr>
<td>Ears and Hearing</td>
<td>Heart and Vascular System</td>
<td>Psychiatric Conditions</td>
</tr>
<tr>
<td>Extremities</td>
<td>Abdominal Organs</td>
<td>Aerobic Capacity</td>
</tr>
<tr>
<td>Dental</td>
<td>Gastrointestinal System</td>
<td>Skin</td>
</tr>
<tr>
<td>Nose and Throat</td>
<td>Spine and Axial System Auditory</td>
<td>Neurological Disorders</td>
</tr>
<tr>
<td>Lungs and Chest Wall</td>
<td></td>
<td></td>
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</tbody>
</table>

For the medical professional conducting the examination to complete: (Check the appropriate response and sign below.)

Based on the results of this medical examination, the applicant:

_____ The applicant IS medically fit to participate in the Lineman Academy.

_____ The applicant IS NOT medically fit to participate in the Lineman Academy.

__________________________________________ ______________________
Signature of medical professional  Date Signed

__________________________________________ __________________________
Printed name of medical professional  __________________________

Office Phone Number  Office Address:
Supplies Checklist

Participant Information:

_________________________________________________  _________________
Participant Legal Name (Last Name, First Name MI)    TEEX Student ID (or last 4 of SSN)

TEEX will provide the following:
• A set of climbing equipment and hand tools
• 4 long sleeved shirts

**Please fill in your sizes.

Shirt Size: ______________________________  Belt Size: ____________________________

Participants will provide the following:
(All personal items must be labeled.)

☐ Personal climbing equipment and hand tools (Optional but must be approved by TEEX staff)
☐ Climbing boots
☐ Backpack or bag to carry supplies
☐ Notepad/spiral journal with perforated edges for easy tear out
☐ Pens
☐ Pencils
☐ Highlighters
☐ Scientific calculator
☐ Laptop computer (optional)