

Participant Registration Form- Unexploded Ordinance Tech 1

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

UXO 200 Ordinance Removal & Remediation Technician 1	Course Date(s):
--	-----------------

PARTICIPANT INFORMATION

*Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).

Last Name:				First Name:				Middle Initial:		Suffix:	
Date of Birth:			TEEX ID #:		OR		Last 4 of SSN#:			OR FEMA SID #:	
U.S. Citizen?		Yes	No	Veteran?		Yes	No	TCFP FIDO #:			
Boonie Hat Size:		7	7.25	7.5	7.75	T-Shirt Size:					
Email:						Phone Number:					

TCOLE (TEXAS COMMISSION ON LAW ENFORCEMENT) - TEXAS PARTICIPANTS ONLY

ENSURE THAT YOU HAVE INCLUDED YOUR DATE OF BIRTH IN THE STUDENT INFORMATION SECTION ABOVE.

TCOLE PID#:

EMPLOYER INFORMATION

Self Employed		Yes	No	If YES , provide only your personal information				If NO , provide employer information below			
Employer Name:						Employer Point of Contact:					
Mailing Address:											
City:						State:			Zip Code:		
Email Address:						Phone #:			Fax #:		
Preferred Mailing Address (if different than above):											
City:						State:			Zip Code:		

"I accept the [Participant Policies](#) including, but not limited to, Transfer, Cancellation, and Release of Liability."

I have read and understand the Participant Policies provided in the link above.

Student Signature:	Date:
--------------------	-------