



Certified Employee Training Program Test Order Form

DATE NEEDED BY: _____ **Group #** _____
 Send order to ITS by fax: 270/753-9807 or phone: 270/753-2150 x 107

Quantity		Name of Test
	\$85.00	1.0 Basic Principles & Practices (prerequisite for all certifications <u>except 2.3</u>)
	\$85.00	2.2 Operating a Bobtail to Deliver Propane
	\$85.00	2.3 Operating a Transport to Deliver Propane
	\$85.00	2.4 Operating a Cylinder Delivery Vehicle to Deliver Propane
	\$85.00	2.5 Operating a Truck, Tank Trailer or Tractor/Trailer to Deliver or Relocate ASME Tanks
	\$85.00	2.2/2.4 Operating a Bobtail or Cylinder Delivery Vehicle to Deliver Propane (Combined)
	\$85.00	3.0 Plant Operations Basic Certification
	\$85.00	3.5 Performing Cargo Tank Product Transfers (Optional specialized certification)
	\$85.00	3.6 Performing Railcar Product Transfers (Optional specialized certification)
	\$85.00	3.7 Maintaining DOT Intermodal (IM) Tanks (Optional specialized certification)
	\$85.00	4.1 Layout, Design and Selection of a Vapor Distribution System
	\$85.00	4.2 Preparing and Installing Vapor Distribution System Components
	\$85.00	5.1 Designing & Installing Dispenser Transfer Systems
	\$85.00	6.0 Appliance Installation (<i>prerequisite</i> to Appliance Service)
	\$85.00	7.0 Applying Basic Electricity Principles to Service Propane Appliances
	\$85.00	8.0 Large/Commercial Equipment

TEST PROCTOR INFORMATION (where tests will be shipped—please provide all information):

Name:	Instructor/Proctor Number _____
Company:	Proctor
Address:	Check One:
City, State ZIP:	<input type="checkbox"/> Business <input type="checkbox"/> Residence
Telephone:	

Tracking Number: _____

SHIPPED: _____

All test orders must be prepaid with a credit card. Test orders will not be placed without all completed credit card information indicated below. Credit will be issued on the card used for unused tests (less shipping charges) returned within 30 days of test order date. There is a 25% restock fee for returned tests after 30 days. No credit will be given for opened unused tests, damaged tests received, or tests received after 90 days of test order date. Only affiliated State Associations will be invoiced.

CREDIT CARD BILLING INFORMATION (must be completed):

Type (Visa or Mastercard): _____
 Card Number: _____
 (+ last 3 digits on back of the card)
 Expiration Date: _____
 Name (as appears on card): _____
 Credit Card Billing Address: _____
 City, State ZIP _____

All results and certificates will be shipped to the student at the address given on the answer sheet.

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