

GEORGIA UTILITY CONTRACTORS ASSOCIATION, INC. 804 Main Street, Suite C, Forest Park, Georgia 30297-1476 * (404) 362-9995 * Fax: (404) 362-9211

Company Class Request Form

This form is to be used to request a Safety/Education Company class at your facility.

COMPANY NAME		
PHYSCIAL ADDRESS OF COMPANY		
CITY	STATE	ZIP CODE
PHONE	FAX	EMAIL
CONTACT PERSON		
PLEASE PROVIDE CLASS LOCATION	N BELOW IF DIFFEREN	T THAN COMPANY ADDRESS ABOVE.
ADDRESS OF CLASS LOCATION		
CITY	STATE	ZIP CODE
Proposed Safety/Educa (Must provide three possible dates an	tion Class Dates d times. Times must meet	and Times: class time requirements listed below.)
		NUMBER OF STUDENTS
		NUMBER OF STUDENTS
THIRD DATE CHOICE:	TIMES:	NUMBER OF STUDENTS
COMPETENT PERSON EXCAND COMPETENT PERSON EXCAND COMPETENT PERSON CONFIDENCE COMPETENT COMPETEN	ATION – 8 hours ATION REFRESHER – NED SPACE ENTRY – 7 PA TRAINING – 4 hours TIFICATION – 8 hours m m I – 4 hours ZONE TRAFFIC CONT ND EXAM – 8 hours CATION – 4 hours ND EXAM – 2 day minin CATION – 4 hours VARENESS – 2 hours ULF – 8 hours all classes must be received the must be received by GUe	7 hours FROL – 8 hours
projector. Please note your company is respons There are no refunds if instructor shows up for class without the required class payment. Note WE HAVE READ THE COMPANY CLASS	ible for all costs of securing loca class and no one is present or fo there is an additional fee for Sat CANCELLATION POLICY S	tion for class. Should you have any questions, please contact the GUCA office or any students who do not attend. We cannot send an instructor to a company

DATE_

SIGNED _____