

Full Name: _____

Phone Number: _____

Referral Agency Course request

Please check box of requested course with date:

- | | | | | |
|--------------------------|-----------------------|--------------------|----------|--------------|
| <input type="checkbox"/> | H2S Alive | 8:30am – 4:30pm | \$150.00 | Date: _____ |
| <input type="checkbox"/> | Ground Disturbance II | 8:30am – 4:30pm | \$150.00 | Dates: _____ |
| <input type="checkbox"/> | OSSA Fall Protection | 8:30am – 5:30pm | \$170.00 | Date: _____ |
| <input type="checkbox"/> | OSSA Confined Space | 8:30am – 4:30pm | \$170.00 | Dates: _____ |
| <input type="checkbox"/> | OSSA Fire Watch | 4 hours (am or pm) | \$100.00 | Date: _____ |
| <input type="checkbox"/> | WHMIS | Self Study | \$65.00 | Dates: _____ |
| <input type="checkbox"/> | TDG | Self Study | \$65.00 | Date: _____ |
| <input type="checkbox"/> | Qualitative Fit Test | 30 min | \$75.00 | Date: _____ |

Course schedules are available at www.firstaidsafetytraining.ca
Once form completed turn into agency for approval

Spectrum Safety Services will register client upon receiving original approval form

*Prices do not include GST