

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)	\$150.00	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: _____
<input type="checkbox"/>	_____	Online	\$_____	Date: _____

Course schedules are available at [www.firstaidsafetytraining.ca](http://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