

COMPETENCY TESTING APPLICATION GUIDELINES

To Register

Mail or fax the attached form to our office **or** call to register over the phone

Testing Registration Deadline

For us to adequately plan and set up the testing sites, we require registrations 30 days in advance.

Confirmation Letter

We ask each registrant to provide either an e-mail address or a fax number, as you will be receiving your approval letter and supporting information by one of these two ways. If an administrator in your office is submitting a registration, please ensure to pass along the package to the staff member who will be attending the training. **NO PACKAGES WILL BE SENT VIA REGULAR MAIL, UNLESS SPECIFICALLY ARRANGED WITH OUR OFFICE.**

What to Bring

Your approval letter will inform you of the directions, what's needed for the test and accommodation options.

Eligibility

Participants must be at least the age of majority in the state that classes are being held

Cancellation Policy

60 or more days in advance: Full refund
30-0 days in advance: 100% cancel penalty

59 - 30 days advance: 50% cancel penalty
no-shows: No refund.

Questions/Additional Info

Ph: 1-877-268-8733 or 403-556-1701 • E-mail: nancy@arborcanada.com

Successful Certified Technicians will receive:

- Frameable Certified Technician Certificate
- Hard Hat sticker designating certification
- Laminated Wallet Card designating certification

Payment Terms

A minimum of \$50 is required to reserve your space on a testing day. Full payment is required at 30 days prior to the testing date. Each registrant who has been invoiced is responsible for making payments, either by check or notifying the office to process a credit card.

CONTACT INFORMATION

5137 – 51 St. Olds, AB T4H 1H1 • Ph: 1-877-268-8733 or 403-556-1701 •
Fax: 1-866-514-8236 info@arborcanada.com www.arborcanada.com

Competency Testing Application Form

(one form should be filled out for each individual)

Please indicate Competency Testing date, location & skills area you are applying for:

Skill Area to be tested in.	Location	Date	Cost	Instructor use only

COST for Testing:

FOR any PAST students of our training programs, you can take a test offered during the summer of 2009 only for the price of **\$50 / test**. After these events, all testing costs will be as follows:

One Skills area: \$225

No discounts available for multiple people.

Two Skills areas: \$400

Name: _____

Company: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Bus ph #: _____ **Cell ph #:** _____

Fax #: _____ **E-mail:** _____

We ask each applicant to provide either an e-mail address or a fax number, as you will be receiving your approval letter and supporting information by one of these two ways. If an administrator in your office is submitting a registration, please ensure to pass along the confirmation package to the staff member who will be attending the training. **NO APPROVAL PACKAGES WILL BE SENT VIA REGULAR MAIL, UNLESS SPECIFICALLY ARRANGED WITH OUR OFFICE.**

You may register by phone with credit card or mail/fax this form. FAX: 1-866-514-8236

- Cheque Enclosed**

 Visa

 MasterCard
- Please invoice to the address listed above** (your spot will not be confirmed until a minimum \$100 deposit is paid.)
- Credit being used.** (Please fax copy of credit slip with registration form.)

Amount Paid: _____

(\$100 deposit is required to be paid in order to hold a spot. The remainder must be paid at least two weeks prior to course delivery. If you have paid only the deposit, please indicate how and when you will be paying the remainder.)

Card #: _____ **Exp:** _____

Name on Card: _____ **Amt Authorized:** _____

Signature: _____

Office Use Only:

Salesperson: _____ Sales #: _____
 Date registration received _____ Authorization #: _____

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