

# Secondary Service Provider Registration Form

#### **Personal Information**

Last Name First Name

Street

P.O. Box City

County Province

Postal Code Home Phone
Email Address Cell Phone

Red Seal Certificate Preferred Method of Contact

### **Business Information**

Company Name

Street

P.O. Box

County Province

Postal Code Business Phone

Email Address Work Cell Phone

Check if you would like your business information available to customers on our website:

Please note All Course Fees and Mandatory Equipment Fees will be charged directly to your account

#### **Certification Information**

Certification New Certification Re-certification Certificate Number

Expiry Date

#### **Course Selection**

1st Course Option 2nd Course Option

#### **Mandatory Equipment Required for Certification**

(Please check all that you currently have, must bring to course for verification)

Arc Flash Face Shield Meter Pulling Tool Owned Purchase (\$480, Purchased from NSP)

Arc Flash Coveralls Owned Purchase (\$40, Purchased from NSP)

Arc Flash Gloves

## **Mandatory Documentation**