



by Honeywell

SAS : SALISBURY ASSESSMENT SOLUTIONS

ELECTRICAL WORKER TRAINING FORM

Company Information

Company: _____ Date: _____
 Mailing Address: _____
 City, State & Zip: _____
 Phone: _____ Fax: _____
 Website: _____

Company Contacts

Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Electrical Hazard Training

Number of NFPA 70E classes Non-Electrical Workers (2 Hr): _____ Total Number of People (Limit 25 per class): _____
 Address for Class: _____ Dates Requested: _____

Number of NFPA 70E classes Electrical Workers (4 Hr): _____ Total Number of People (Limit 25 per class): _____
 Address for Class: _____ Dates Requested: _____

Number of OSHA Classes for 10 Hour Certificate: (10 Hr): _____ Total Number of People (Limit 40 per class): _____
 Address for Class: _____ Dates Requested: _____

NOTES: _____

Distributor: _____
 Account Manager: _____
 Rep Group: _____
 Rep Name: _____
 RSM: _____

Please complete as much of the form as possible, but don't allow a particular item to prevent you from sending the form to us.

Please send completed forms via email to: SAS@honeywell.com or via fax to 866-824-4922 or 630-343-3838