



Certified Employee Training Program Test Order Form

Date Needed at
Shipping Location
NOT Date of Class: _____

Group #: _____

Email Order Form to d.green@its-training.com

Quantity	Price	Name of Test
	\$85.00	1.0 Basic Principles & Practices of Propane (prerequisite for all certifications)
	\$85.00	2.2 Bobtail Delivery Operations
	\$85.00	2.4 Cylinder Delivery
	\$85.00	2.2/2.4 Bobtail or Cylinder Delivery (Combined)
	\$85.00	3.0 Basic Plant Operations (3.1 – 3.5)
	\$85.00	3.6 Railcar Product Transfers
	\$85.00	4.1 Designing and Installing Exterior Vapor Distribution Systems
	\$85.00	4.2 Placing Vapor Distribution Systems and Appliances into Operation
	\$85.00	4.3 Installing Appliances and Interior Vapor Distribution Systems
	\$85.00	4.4 Basic Electricity for Propane Appliance Service
	\$85.00	4.5 Basic Propane Appliance Service and Troubleshooting
	\$85.00	4.6 Advanced Propane Appliance Service and Troubleshooting
	\$85.00	5.1 Designing & Installing Dispenser Transfer Systems
	\$85.00	8.0 Large/Commercial Equipment

TEST PROCTOR INFORMATION (where tests will be shipped—please provide all information):

Name: _____	Instructor/Proctor Number: _____
Company: _____	Proctor Name: _____
Address: _____	Check One
City, State ZIP: _____	_____ Business _____ Residence
Telephone: _____	
Email Address: _____	
Tracking Number: _____	Ship Date: _____

All test orders must be prepaid with a credit card. Test orders will not be placed without all completed credit card information indicated below. Credit will be issued on the card used for unused tests (less shipping charges) returned within 30 days of test order. There is a 25% restock fee for returned tests after 30 days. No credit will be given for opened unused tests, damaged tests received, or received after 90 days of test order date. Only affiliated State Associations will be invoiced.

CREDIT CARD BILLING INFORMATION (must be completed):

Type (Visa or Mastercard): _____	All exam results and certificates will be shipped to the address provided on the answer sheet
Card Number: _____	
*Security Number _____	
On Front (AMEX) on back (all others) _____	
Expiration Date: _____	
Name (as appears on card): _____	
Credit Card Billing Address: _____	
City, State ZIP: _____	