SOUTHCENTRAL KY COMMUNITY & TECHNICAL COLLEGE

REGISTRATION

HEATING, VENTILATION, AND AIR CONDITITIONING
PROFESSIONAL DEVELOPMENT TRAINING AND CONTINUING EDUCATION these classes are approved by the Kentucky State HVAC advisory Committee for up to eight (8) hours licensing yearly continuing education requirements **FALL 2014**

NAME (PRINT) _____
PLEASE CHECK ONE: _____MALE _____FEMALE MARITAL STATUS: _____

HOME ADDRESS: _____

CITY: _____COUNTY_____STATE: _____ ZIP: _____
HOME PHONE: _ (_____) _____SOCIAL SECURITY NO: _____-_____-_____
DATE OF BIRTH: _____E-MAIL ADDRESS (if you prefer messages via e-mail):_____
RESIDENCE STATUS: ___KENTUCKY –HAVE YOU LIVED IN KENTUCKY FOR AT LEAST 12 MONTHS ___YES ___ NO
___NON-KENTUCKY ---HOW LONG HAVE YOU BEEN LIVING IN YOUR NON-KENTUCKY COUNTY? _____
RESIDENCE STATUS MUST BE FILLED OUT. CITIZENSHIP STATUS (circle one):
USA NATURALIZED ALIEN (Temporary) ALIEN (Permanent) IF NOT A US CITIZEN, WHAT IS YOUR COUNTRY OF ORIGIN?
_____ ETHNIC BACKGROUND (circle one): CAUCASIAN /WHITE HISPANIC NATIVE AMERICAN
ASIAN/PACIFIC ISLANDER AFRICAN AMERICAN
HIGH SCHOOL ATTENDED: _____
HIGH SCHOOL GRADUATION/GED DATE: _____CIRCLE ONE: DIPLOMA GED

HVAC CLASSIFICATION RANK LICENSE NUMBER: HM_____HJ_____
EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
CITY _____STATE _____ ZIP _____EMPLOYER'S PHONE: _____

TOPIC COVERED: HVAC RECERTFICATION MASTER AND JOURNEYMAN (8 HOURS)
CLASS LOCATION IS BUILDING "G" MAIN CAMPUS, 1845 LOOP DRIVE, BOWLING GREEN, KY 42101
DATE YOU WISH TO ATTEND MUST BE SELECTED:
____ DECEMBER 6, 2014 (Saturday, 8:00 am – 4:00 pm)
____ JANUARY 17, 2015 (Saturday, 8:00 am – 4:00 pm)
____ FEBURARY 7, 2015 (Saturday, 8:00 am – 4:00 pm)
____ MARCH 7, 2015 (Saturday, 8:00 am – 4:00 pm)
____ APRIL 4, 2015 (Saturday, 8:00 am – 4:00 pm)

YOU MAY PAY IN ADVANCE WITH CHECK, MONEY ORDER OR CREDIT CARD, CASH ****

□ VISA □ Master Card □ Am Express □ Discover Name on card _____

Card Holders Billing Address _____

Card Number _____ Expiration Date: _____ Sec Code _____

SIGNATURE: _____ DATE: _____

COST OF CLASS: 8 HOURS AT 13.75= 110.00 4 HOURS AT 13.75 PER HOUR =$55.00 8 HOURS AT $13.75 PER HOUR = $110.00. YOU MAY PAY WITH CASH, CREDIT CARD, CHECKS OR MONEY ORDER PAYABLE TO SKYCTC. NO REFUNDS. SEATING IS LIMITED. PLEASE REGISTER EARLY. PHOTO ID AND LICENSE CARD REQUIRED DAY OF CLASS.

CONTACT PERSON: -- ATTN: RANDY SAN
SOUTHCENTRAL KY COMMUNITY & TECHNICAL COLLEGE
1127 MORGANTOWN ROAD
BOWLING GREEN, KY 42101
PHONE: RANDY SAN: 270/901-1035, E-mail: randy.san@kctcs.edu or FAX 270-901-1140
MONDAY - FRIDAY 8:00 AM -4:00 PM
OR TERRELL MURPHY 270/901-1029

KCTCS is an equal opportunity institution and does not discriminate against person because of race, age, religion, sex, physical disability, color or national origin. Completion of related items on this form is optional; however, it will aid in the prompt processing of your application and will be used for federal, state, and affirmative action reporting purposes.

HIGHER EDUCATION BEGINS HERE
KCTCS
KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM