



MTS Registration Application		
Course Location:		Course Dates:
<u>Applicant's Information</u>		
Name:		
Mailing Address:		
City:	Province:	
Postal Code:	Home: Phone:	
Email:		
Years of Experience in the:		
a) Water Utility Field:	b) Public Health Field:	
c) Plumbing Trade:	d) Fire Sprinkler Trade:	
e) Steam Fitting Trade:	f) Irrigation Trade:	
g) Education:	g) Sales:	
i) Other:		
Employer's Information		
Employer / Company Name:		
Mailing Address:		
City:	Province:	Postal Code:
Employer's Phone:		Employer's Fax:
Email:		
----- Office Use Only -----		
Notes:		