LWD Inc.



Registration Form

MANDATORY SUPERVISOR TRAINING FOR D.O.T. ALCOHOL & DRUG TESTING COMPLIANCE

LOCATION

LWD, Inc. Training Office 15705 Arrow Highway, Suite 6 B Irwindale, CA 91706

(Locate	on Arrow Highway betw	veen Irwindale Ave. & 4th	n Street on the North si	de.
	rd Thursday of each mon lest a training date below		Registration begins at	3:30am)
REGISTRATION FEE:				
COMPANY INFORMAT	ION			
COMPANY NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
<u>PARTICIPANTS</u>				
NAME:		TITLE:		
Each student attending	will receive a Certificate of	of Completion which will	satisfy CHP/DOT BIT I	nspection Requirements
PARTICIPANTS MUST	BE PRE-REGISTERED	AND FEE PAID 4 DAYS	S IN ADVANCE OF TR	AINING CLASS
RAINING DATE REQUESTED: (Must be a 3rd Thursday of a month)				
PAYMENT METHOD				
CHECK* Che	ck #	Full Amount: \$	(\$49.00 p	er participant)
VISA / MC Card	#	Exp. Da	ate:	CCV2**:
Name on car	d:	Signatu	ıre:	
* Please make check pa **CCV2 is the 3 digit nu	yable to: LWD, Inc. mber on the back of your	credit card and is require	ed for all credit card tra	nsactions.
SPACE IS LIMITED. To reserve your space, call, fax, or mail your registration form to: LWD, Inc., 15705 Arrow Highway Suite 6B, Irwindale CA, 91706, Fax (626) 813-1088, Phone (626) 813-1086, www.lwddrugtesting.com				
OFFICE USE ONLY	RECEIVED:	ACCOUNTI	NG:	
	APPROVED:	CERTIFIC	ATF:	