

Application

Electrical Hazard Awareness Program - EHAP

Name:

Company:

Address:

City, zip:

Email: _____ Phone: _____

Check #: _____ Amount \$ _____

Make checks payable to: Scott Carlson Consulting & Appraisal LLC

Send application and payment to: Scott Carlson Consulting & Appraisal LLC 24538 170th Ave. Eldridge, IA 52748

Applicant understands that this payment is for one 4-hour class. Instructor will provide PowerPoint presentation, a test, a certificate of completion and chainsaws. Applicant or their employer understands he / she will need to provide appropriate room and proper PPE. By submitting payment, applicant agrees to the terms and conditions as posted on our website at <https://scottcarlsonarborist.com/termsandconditions>

Signed:
