

## COMTRAIN REGISTRATION

Only

## "INSTRUCTOR" for Competent Tower Climber/Rescue Training

(COMPANY INFORMATION)		
COMPANY:		
Company Contact:		
Address:  (Street, City, State & Zip)		
Phone: Email: (Company Contact Phone Number) (Company Contact Email)		
INSTRUCTOR "Train the Trainer" Competent Climber/Rescuer one-time fee* \$295.00  All Candidates MUST be a current In-House Instructor and possess 5 years of climbing experience on communication tower sites or a minimum of 2 years of tower safety training experience. Employer and		
Instructor must attest to this experience with their signatures on the $2^{nd}$ page of this form.		
Competent Instructor Package will include one Competent Instructor Wallet ID Card, one Competent Instructor Wall Certificate & 2 copies of the Comtrain Updated Trainer Agreement; one of which must be signed and returned to Comtrain. The Competent level paperwork will be emailed. This paperwork should be combined with the Instructor Materials found on the Comtrain Instructor USB Flash drive provided in their original class.		
<b>OPTIONAL CHARGE:</b> Federal Express Overnight Ship Charge: \$ 35.00		
*Competent Instructor status will auto-renew with instructor expiration.		
(INSTRUCTOR INFORMATION)		
Instructor Name: DOB:		
(Instructor's Full Name: First, Middle Initial & Last.) (mm/dd/yr)		
Email: Phone:		
!!AVAILABLE IN ENGLISH ONLY!!		
PAYMENT OPTIONS (check your preference)  1. Provide credit card information over the phone. Comtrain will contact the person below for credit card information.		
2. Request an invoice for payment over a secure link. A final invoice with a secure payment link will be emailed to the contact.		
Name: Phone Number:		
Email Address:		

Phone: 512-275-6600 Fax: 512-758-7878 Email: Comtrain@comtrainusa.com Website: www.comtrainusa.com

NO REFUNDS - Upgrade will be processed within 24 business hours after receipt of payment.



## Letter of Competency and Experience Verification For Competent Tower Climber/Rescuer In-House Instructor

This letter is to attest/testify to the fact that		
	(Name of Instructor)	
	nstructor for the company listed below who has a minimum of 5 years tower lication tower sites or a minimum of 2 years tower safety training experience.	
(Name of Company)		
Employers Signature:		
Employer Name & Title:	Date:	
In-House Instructor Signature:		
In-House Instructor Name:		
	Date:	
Current In-House Certificate #:		