

## State of Colorado Class A & B Operator Training

## **UST A/B Operator Training**

Student Information:	
Name:	
Job Title:	
Company Name:	
Company Address:	
City, State, Zip:	
Phone:	
Fax:	
Cell:	
Email address:	
Contact Name: (if different)	
Billing Address: (if different)	
City, State, Zip:	
Please check one: Pay with Credit Card	Pay with Check (when remitting, please reference student's name on check)
<b>Payment Information</b>	n:
Card Holder's Name:	
Type: (Visa, MC, Amex)	
Credit Card #:	
Expiration Date:	
Credit Card Vcode	
(3 digit Visa, 4 digit Amex)	

**CANCELLATION POLICY:** On cancellations made less than 48 hours in advance, the Company agrees to pay for tuition, and tuition will not be refunded. Tuition may be applied to a later class and is transferable for up to (6) months.

Forms may be returned to: 970-493-7986 (fax) or emailed to info@cgrs.com