



John W. Kennedy Company Technical Training
Student Enrollment Form



**AUTHORIZED
TRAINING
CENTER**

Mark A. Ring Memorial Training Facility
240 North Brow Street
East Providence, RI 02914
1-855-978-6737 | ceb@jwkemail.com

Company Information:

Name:
Address:
City: **State:** **Zip:** **Phone:**
Contact: **E-Mail:**

Student Information:

Name: **Tech ID:**
Phone: **E-Mail:**
Field Experience:

GVR On-Line Safety Course Completed and Current? (All techs must have this to qualify for any classes)

Course Requested (Please select only 1 course per enrollment form):

GVR Passport Course **Course Date:**
GVR Dispenser Course **Course Date:**
GVR FlexPay IV Course **Course Date:**
Veeder-Root ATG Course **Course Date:**

Click on an icon to the right for class information, directions to our facility and class pre-requisites.

NOTE: Cancellations within 2 weeks of class date will result in forfeiture of all tuition fees.

Training Office Use Only Below This Line

LMS Course ID: _____ LMS Company ID: _____

Billed on S/O: _____ Billing Date: _____

Pre-requisites Completed: **GVR Safety:** Internal Notes:
Veeder-Root Installer:
Dispenser Pre-Course:
FlexPay IV Pre-Course:
Passport Pre-Course: