



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:**

**API or POST 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: **API or POST Safety:** Internal Notes:  
**Veeder-Root Installer:**  
**Dispenser Pre-Course:**  
**FlexPay IV Pre-Course:**  
**Passport Pre-Course:**