

APPENDIX 1

ATP Additional Course Request Form

AUTHORIZED TRAINING PROVIDER CONTACT INFORMATION:

Business Name:

ATP ID#:

Street Address:

Phone Number:

PERMANENT LOCATIONS WHERE REQUESTED COURSES WILL BE OFFERED

Permanent Location Addresses:

REQUEST TO ADD THE ENERGY SAFETY CANADA COURSE(S) BELOW:

Course Name(s):	Instructor Name(s):
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PICTURES REQUIRED:

- Course-specific equipment as listed in this document
- Classroom(s): 4 different angles (must be able to understand classroom dimensions, student seating, and sufficient space for practical exercises)
- Equipment cleaning, drying, or storage area including manufacturer required sanitation and disinfecting products or maintenance interval logs

SIGNING AUTHORITY:

Name:

Date:

Email:

Signature:

ENERGY SAFETY CANADA:

Approved: Rejected:

Date:

Evaluations Program Manager:

TRD Program Manager:

Return the Completed Form to: Energy Safety Canada - Evaluations@EnergySafetyCanada.com