

**Mohawk Valley Community Action Agency, Inc.
Lead Hazard Control/ Lead-Safe Work Practices
Training Course Student Application**

**Application Can Be Faxed to: (315) 624-9937, Attn: Housing Department
Payment Must Be Made Out to: MVCAA/RPP, and mailed to:
MVCAA Inc./Attn: Housing Department, 9882 River Rd., Utica, NY 13502**

Please Note: Indicate the course date into which you wish to be enrolled. Fill in underlined area below:

_____, 2009
Month/Date

**A separate application must be completed for every student, please print all requested information.
No refunds will be issued for course payment, the student will be placed in the next month's class.**

Date: _____, 200_____

First Name: _____ Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____ (if available)

E-Mail Address: _____ @ _____

Company Name: _____

Address: _____

Company Phone: (_____) _____ Fax: (_____) _____

Will this student work in federally assisted housing? (Circle one) YES NO

If so, where will that work take place? City: _____ State: _____

Student Signature (REQUIRED): _____

You will be notified by mail of your completed registration

For Trainers Use Only

Student # _____

Course # _____

Payment Approved by _____ **on** _____

Check Number _____

Student Test Grade _____