

Certification Registration Form

Pre-registration is required to guarantee participation. Return this form 14 days prior to desired test date.

Type or print information neatly with black or blue ink. If extra copies are needed, this form may be reproduced. Fill out the registration form with care. If the registration form is incorrect or unclear, your test registration may be delayed or denied.

Test Sites:

- Biloxi, Mississippi - March 27, 2010
 Daytona Beach, Florida - November 13, 2010
 Spanish Certification Book Spanish Test Book
 Verbal Test

(Please check if needed)

1. **Name** Last Name _____ First Name _____ Middle Initial _____

2. **Telephone Number (Daytime)** [_____] _____

3. **Home Mailing Address**
 Street _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

4. **Qualifications:** Complete the following sections for qualification to complete the certification program/examination.

QUALIFICATION A:

Experience as a portable sanitation worker. (If less than one year, certificate will be held until the one year anniversary date of employment.)

Current Employer _____
 From _____ Month _____ Year _____ To _____ **CURRENT** _____
 Address _____
 City _____ State/Province _____ Country _____ Zip/Postal Code _____
 Tel. # [_____] _____ Fax # [_____] _____

If less than one (1) year experience in the portable sanitation field with current employer, complete this section. Use additional paper if needed.

Previous Employer _____
 From _____ Month _____ Year _____ To _____ Month _____ Year _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ Telephone [_____] _____

QUALIFICATION B:

(Space provided on next page)
 I am enclosing the name of my employer's primary disposal site in the area I operate.

QUALIFICATION C:

(Space provided on next page)
 I am supplying two (2) reference names and contact information of individuals who are able to attest to my experience.

5. **COST:** PSAI Member . . . \$50.00 Non-PSAI Member . . . \$100.00
 (Please circle one)

6. **AUTHORIZATION:** By signing and returning this form, I accept the terms set forth in the registration criteria concerning certification test requirements.

Signature _____ Date _____

Mail this form with payment to:

Portable Sanitation Association International
 7800 Metro Parkway - Suite 104
 Bloomington, MN 55425 USA
 952-854-8300 / 800-822-3020
 Fax: 952-854-7560
 E-mail: info@psai.org



(Please check one) [_____] Visa [_____] MasterCard [_____] Am. Exp.

Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

Cardholder Name: _____

Qualification B: Name, address & phone number of primary disposal site in the area I operate.

Disposal Site Name

Address

City State/Province Zip/Postal Code Country Telephone

Qualification C: Name & address of two (2) reference names who are able to attest to my experience.

Contact Name	Contact Name
Company Name	Company Name
Address	Address
City State/Province Zip/Postal Code Country	City State/Province Zip/Postal Code Country
Telephone	Telephone

If you have any special needs or require any special assistance, please indicate them below:

Special needs or assistance can include verbal testing, reading comprehension help, key notes required due to reading disability i.e., dyslexia, etc. The PSAI must be aware of these needs in order to grant assistance.

PSAI HEALTH & SAFETY CERTIFICATION CLASS
Daytona Beach, Florida Convention & Trade Show
Saturday, November 13, 2010 1:00 pm - 6:00 pm
Note: Certification class attendees will not be able to participate in the Saturday round table discussions.

Portable Sanitation Association International
7800 Metro Parkway - Suite 104
Bloomington, MN 55425
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E-mail: info@psai.org • Web: www.pesai.org