



You are applying to participate in the EMC Evaluator Course. Prior to scheduling a session, this form must be completed in its **entirety**. All other applicants that will be participating in the same session are to have their names recorded on this form. The Primary Applicant will be responsible for all recorded participants.

#### PRIMARY APPLICANT INFORMATION

Name	Company
Email	Phone
Website	Address

#### ADDITIONAL APPLICANTS (If applicable)

Name
Name
Name
Name

#### IMPORTANT NOTES REGARDING THE EMC EVALUATOR COURSE

1. The Primary Applicant is responsible for their group and all communications during training.
2. The Evaluator Course is FREE. Applicants are responsible for all meal, lodging, and travel expenses.
3. All training is to be conducted at EMC's facility located in Augusta, Maine.
4. The Evaluator Course is 2 full days.
5. Any additional applicants not listed above must be approved by EMC prior to training.

#### I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS EVALUATOR COURSE APPLICATION

Primary Applicant Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	Date of Training:
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