



## RPSC Special Training Request

Accounting Use Only

Invoice # \_\_\_\_\_

### CUSTOMER INFORMATION

Customer Name \_\_\_\_\_

RPSC Account Number \_\_\_\_\_

P. O. # \_\_\_\_\_

Job # \_\_\_\_\_

Customer Representative \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

### DATE – TIME – LOCATION – NUMBER OF TRAINEES

DATE SCHEDULED \_\_\_\_\_

START/END TIME \_\_\_\_\_

TRAINING LOCATION \_\_\_\_\_

NUMBER OF TRAINEES \_\_\_\_\_

### SERVICES REQUESTED (SPECIAL CLASS/CBT COURSE CODES)

### ESTIMATED CHARGES

OSCA 20HR HIGH HAZARD FACILITY COURSE

EACH STUDENT:

\$300.00

*Instructor Flight & Hotel*

\$ pending

MIN 15; MAX 30

\*\* PLEASE NOTE: Trainees must arrive thirty minutes before class begins.

**TOTAL ESTIMATED CHARGES**

MIN

\$4,500.00

MAX

\$9,000.00

### ADDITIONAL INFORMATION AND REQUIREMENTS FOR AFTER HOUR TRAINING AT RPSC

ON SATURDAY OR SUNDAY TRAINING, PLEASE REGISTER ALL TRAINEES FOR MONDAY'S DATE  
INSTRUCTOR LED SPECIAL CLASSES WILL REQUIRE A MINIMUM OF TRAINEES

IF A WRITTEN CANCELLATION NOTICE IS NOT RECEIVED BY CLOSE OF BUSINESS (MONDAY THRU FRIDAY) PRIOR TO THE DATE OF TRAINING, A CANCELLATION FEE OF \$500 WILL BE CHARGED TO THE COMPANY ACCOUNT.

### CUSTOMER AUTHORIZATION AND SIGNATURE

CUSTOMER REPRESENTATIVE:

PRINTED NAME

SIGNATURE

RPSC REPRESENTATIVE:

PRINTED NAME

SIGNATURE

DATE: