

Southern Indiana Stormwater Advisory Committee

Qualified Professional Inspector Training Course

REGISTRATION FORM

Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Work Cell

Email Address: _____

(If Available)

Course Fee: \$250 (Check Only, made payable to Clark County SWCD)
(Check must be included with registration form)

The training manual and course materials will be provided to registered individuals on the day of the class. Lunch will be provided to attendees and is included in the cost of the course.

Attending Class: Yes No

Test Format: Online Paper

MAIL FORM TO: Stantec Consulting Services
350 Missouri Ave., Suite 100
Jeffersonville, Indiana 47130

FOR INQUIRIES CALL: (812) 285-4060 For more information, visit
OR EMAIL: robert.huckaby@stantec.com www.siswac.org

Upon completion of the course, do you want your contact information included in a list of Certified QPIs to be made available to local contractors?

Yes No

(Office Use Only)

Date Application Received: _____

Registrant Notification Date: _____

Date Materials Prepared: _____

