



MOTOR SQUAD

TRAINING

INSTITUTE



Student Registration Form

Date Attending: _____ / _____ 2025

(Check Box)



1 Day Quarterly



40 Hour Electric Course



80 Hour Basic Course



80 Hour Instructor Course



Pre-Training



40 Hour
REFRESHER

STUDENT NAME: _____ **Rank:** _____

P.O.S.T. ID NO: _____ - _____

Email address: _____

Work Phone: _____ **Cell Phone:** _____

Training Manager/Supervisor: _____

Contact Phone: (_____) _____ - _____

Email address: _____