



ORNAMENTAL WELDING APPLICATION

Name: \_\_\_\_\_

Last Name First name Middle Initial

Address: \_\_\_\_\_

Street /PO Box City State/Province Zip Code

Cell Phone number: \_\_\_\_\_

Home phone or alternate Phone number: \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact & phone number: \_\_\_\_\_

Spouse \_\_\_ Parent \_\_\_ Child \_\_\_ Other \_\_\_

Race (Choose one or more): American Indian or Alaskan Native \_\_\_ Asian \_\_\_ African American \_\_\_ White \_\_\_ Hispanic \_\_\_ Hawaiian or Pacific Islander \_\_\_

Citizenship: US Citizen \_\_\_ Resident Alien \_\_\_ Non-Resident Alien \_\_\_

I WOULD LIKE TO ENROLL INTO THE FOLLOWING COURSE:

\*ALL WELDING CLASSES REQUIRE AN AUTO-DARKENING WELDING HOOD, WELDING JACKET AND WELDING GLOVES.

\_\_\_ Level I: Introduction to Ornamental Welding Class start date: \_\_\_\_\_

\_\_\_ Level II: Gas tungsten Arc Ornamental Welding Class start date: \_\_\_\_\_

\_\_\_ Level III: Advanced Ornamental Welding & Design Class start date: \_\_\_\_\_

INDICATE BELOW IF YOU WILL BE PROVIDING YOUR OWN PERSONAL PROTECTIVE EQUIPMENT (PPE) OR IF YOU WOULD LIKE TO PURCHASE THESE ITEMS FROM IAI FOR \$150.00 PER KIT.

\_\_\_ I WILL PROVIDE MY OWN PERSONAL PROTECTIVE EQUIPMENT NOTED ABOVE

\_\_\_ I WOULD LIKE TO PURCHASE A WELDING KIT WITH PERSONAL PROTECTIVE EQUIPMENT.

\_\_\_ Welding Jacket Size \_\_\_ Welding Gloves Size

Return application by e-mail to [tward@iaiworks.com](mailto:tward@iaiworks.com)

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