



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: Beginner Ornamental Welding: Garden Art Course Class start date: _____

Level II: Introduction to Ornamental Welding Class start date: _____

Level III: Gas Tungsten Arc Ornamental Welding Class start date: _____

Level IV: Intermediate Ornamental Welding & Design Course Class start date: _____

Level V: 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

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