



Corporate Training Program Application Form

** It is not necessary to be an ATSSA member to become a Corporate Partner. If the company does not qualify to be a member, the instructor will be made a member.

Please complete and attach resume before mailing or faxing

Roadway Safety
Training
Institute

Please indicate (X) which courses you are interested in teaching

___TCT ___TCS ___ ETC ___ TCDS ___ PMT ___ FLORIDA ___ GIT ___ LBS

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Website: _____

ATSSA Membership No.: _____

Contact Name: _____

Phone No.: _____

Fax No.: _____

E:mail: _____

The information contained in this application is intended solely for the evaluation purposes of potential Corporate Training Program participants or their representatives. No part of this document may be reproduced by any means except as permitted by ATSSA. Any unauthorized access, use, duplication or disclosure is unlawful.

1. How long has your company been an ATSSA member? ____ years ____ months
2. Does your company currently have a Safety Program Office? ____yes ____no
3. How many employees do you currently employ? _____
4. How many employees do you anticipate to train under the Corporate Training Program?

5. Please provide a brief summary of why your company is considering the ATSSA Corporate Training Program as a means to train your employees.

6. Please provide a brief summary of your expectations of the ATSSA Corporate Training Program as a means to train your employees.
- _____

Date Completed: _____

Signature: _____