

Second-Class Refrigeration Arena Course

Pre-Assessment Application Form

Applicant's Information

Name: _____ Date of Birth: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

GED/Grade 12 Completed: Yes **(please include with application)** No

2000 Hours Completed: Yes **(please include with application)**
 No **(must complete before certificate is awarded)**

Social Insurance Number: _____

Driver's License Master Number: _____

Signature: _____ Date: _____

Facility's Information

Name: _____ Phone: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Chief Engineer: _____ Email: _____

Ticket Number: _____

Employer's Signature: _____ Date: _____

SPACE IS LIMITED

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Payment Form



Method of Payment

Enclosed: Please Invoice Me: Visa/Mastercard:

Card Number: _____

Expiry: _____ CVV: **(on the back of your card)** _____

Name on Card: _____

Signature: _____ Date: _____

Send your form to RFANS 5516 Spring Garden Road
4th Floor, Halifax, NS, B3J 1G6

Questions?

P: 902-425-5450 ext. 330 | C: 902-870-7634

E: rfans@sportnovascotia.ca

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