



APPLICATION FOR ON-SITE TRAINING & CERTIFICATION

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LOCATION FOR SESSION: _____

(If different from address above)

CONTACT PERSON: _____

TELEPHONE NO.: 876- _____

EMAIL ADDRESS: _____

NO. OF PARTICIPANTS: _____

PROPOSED DATE AND TIME FOR EXERCISE: _____

N.B: Date must be confirmed by Coordinator (KSA Health Department)

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

APPLICATION NO.: _____

RECEIPT NO.: _____

AMOUNT PAID: \$ _____

DATE: _____