

# 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: \_\_\_\_\_