

RECREATIONAL VEHICLE TECHNICAL TRAINING CENTER

12949 66th Street Avenue North

Largo, Florida 33773

Phone: 727/218-2486

STUDENT INFORMATION SHEET

NAME: _____

Last

First

M.I.

ADDRESS: _____

STREET

CITY

STATE

ZIP

DATE OF BIRTH: ___/___/_____ PHONE (HOME): _____

EMAIL ADDRESS: _____ CELL: _____

EMERGENCY CONTACT: _____ ADDRESS: _____

PHONE (HOME): _____ PHONE (CELL): _____

Please list and health issues that may hinder your progress in this course:

EDUCATION: Have you attended any other training that would give you credit for RV Training? High School/College/Tech School City & State Date Graduated Program Degree/Certificate (if experience is RV related, must provide transcript or documentation).

(Please use additional page for education if needed)

JOB EXPERIENCE:

Employer Address & Phone Dates Position/Duties

(Please use additional page for job experience if needed)

How did you hear about us? _____

() Radio () TV () Handout () Internet () RV Show () Graduate () Dealer () Other

RV REPAIR EXPERIENCE:

Why are you interested in becoming an RV Service Technician? _____

Do you own an RV? () No () Yes If so, what kind? _____

Class you would like to attend: () Winter () Spring () Summer () Fall

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. ANY INFORMATION THAT IS FALSE COULD RESULT IN DISMISSAL FROM THIS PROGRAM.

Signed: _____ Date: _____