



Quality Testing Services, Inc.

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Registration Form

Date: _____

Student(s) Name and Title: _____

Course Title: _____ Course Date: _____

Student's Home or Business Address: _____

Primary Phone: _____ Email: _____

Company Name: _____

Company Address: _____

Supervisor Name: _____ Supervisor's Title: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Accounts Payable Contact: _____ Phone: _____

Type of Industry: _____ Product or Services Performed: _____

NDT Method and Techniques used: _____

Does your company have a Written Practice for Personnel Certification Requirements? YES NO

Does your company have NDT Procedures? YES NO

Does your company have a Level III? YES NO

Would you like QTS to administer Qualification Exams? YES NO FINAL ONLY

Equipment used: _____ Can student bring to class? YES NO
(It is Preferable)

Payment Method: Credit Card / Check
(Circle one)

Credit Card Type: _____ Card No: _____
(We accept Visa, Mastercard and American Express)

Expiration Date: _____ 3 Digit Security Code: _____ Zip Code for Card: _____

*****Cancellation Policy**

Quality Testing Services must be notified of cancellation at least ten (10) full working days prior to the first day of the course. Otherwise, only 50% of the course fee will be refunded. No refund will be issued if cancelled after the fifth day prior to scheduled course start date. If Quality Testing Services cancels a course, we will provide at least five (5) days notice and will issue a full refund.