

**Mohawk Valley Community Action Agency, Inc.  
Lead Hazard Control/ Lead-Safe Work Practices  
Training Course Student Application**

**Application Can Be Faxed to: (315) 624-9937, Attn: Housing Department  
Payment Must Be Made Out to: MVCAA/RPP, and mailed to:  
MVCAA Inc./Attn: Housing Department, 9882 River Rd., Utica, NY 13502**

**Please Note: Indicate the course date into which you wish to be enrolled. Fill in underlined area below:**

\_\_\_\_\_, 2009  
**Month/Date**

**A separate application must be completed for every student, please print all requested information.  
No refunds will be issued for course payment, the student will be placed in the next month's class.**

Date: \_\_\_\_\_, 200\_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ (if available)

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Will this student work in federally assisted housing? (Circle one)      YES      NO

If so, where will that work take place?      City: \_\_\_\_\_ State: \_\_\_\_\_

**Student Signature (REQUIRED):** \_\_\_\_\_

**You will be notified by mail of your completed registration**

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**For Trainers Use Only**

**Student #** \_\_\_\_\_

**Course #** \_\_\_\_\_

**Payment Approved by** \_\_\_\_\_ **on** \_\_\_\_\_

**Check Number** \_\_\_\_\_

**Student Test Grade** \_\_\_\_\_