



WELDING QUALIFICATION SERIES REGISTRATION FORM

Company Information

Please Note: This worksheet is intended to be used in conjunction with a pre-event interview conducted by the assigned I-CAR Program Instructor. Once completed, this worksheet must be included with registration documents.

Business Name		Event Date
Address		Committee Code
City	State	Zip
Contact Name	Gold Class Number	() Phone
Contact E-mail		

Event Information (Please select only one; each event type requires a separate registration form)

- Aluminum GMA (MIG) Welding Qualification Series
- Steel GMA (MIG) Welding Qualification Series
- Structural Parts Steel Welding Qualification Series

Students Attending

Name	I-CAR ID	Email Address	Phone Number	Test Type	Platinum
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>
				<input type="checkbox"/> First time test or expired <input type="checkbox"/> Re-test <input type="checkbox"/> Re-qualification	<input type="checkbox"/>

Payment Information (Please refer to pricing chart)

Pay by Credit Card MasterCard Visa American Express

Credit Card Number	Exp. Date
Card Holder's Name (Please print)	Security Code
Card Holder's Signature	\$ Amount

Pay by Check

Check Number
\$ Amount

Pay by I-CAR Discount Coupons

To pay using I-CAR Discount Coupons, please complete the coupon redemption form at the end of this registration form.

Please respond to the following questions

Do you have any known OSHA violations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," can you correct them prior to the test date?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have welding curtains & blankets at your facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a sturdy mounted vice?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work table?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the following personal safety gear for each technician?		
Welding helmet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
Welding gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Welding respirator <input type="checkbox"/> Yes <input type="checkbox"/> No
Welding jacket	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Plugs <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the number, brand, and model of the welding equipment that will be used for this Welding Qualification Series

Welding Equipment

Make	Model	Amperage	Condition
			<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Sure
Does this machine have a dedicated electrical circuit for operation in the stall in which it will be used?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the electrical cables and welding cables for this machine in good condition?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have spare replacement parts (contact tips, liners, nozzles, shielding gas, welding wire, etc.) that may require replacement during the qualification test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding wire type: <input type="checkbox"/> Steel ER70S-6 (.024) <input type="checkbox"/> Aluminum ER5356 (.035) <input type="checkbox"/> Other:			
Shielding gas type: <input type="checkbox"/> Steel (75% Argon/25% CO ₂) <input type="checkbox"/> Aluminum (Argon 100%) <input type="checkbox"/> Other:			
Will the test area require the welding machine to use an extension cord?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe your welding equipment that will be used for I-CAR training and testing is capable of successfully completing the Welding Qualification Test Series? (Equipment servicing by an authorized dealer may be considered.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Registration Policy

The following documents must be submitted with this registration form

- Welding Qualification Series Registration Form, approved by I-CAR Program Instructor and signed by business manager or owner
- Certificate of Insurance with I-CAR co-named with business as additional insured (obtained from insurance carrier)
- Payment

Reschedule/Cancellation Policy

- On the day of the event, the I-CAR Program Instructor will verify compliance with this registration form as originally submitted. If equipment or facility conditions are inadequate, 50% of the test fee for each student will be forfeited.
- Reschedules must be arranged at least 30 days prior to the event or all test fees will be forfeited.
- Cancellations will forfeit the test fee.

The information provided on this worksheet is accurate and I understand Reschedule/Cancellation Policy.

Signature _____

Date _____

Submitting Your Registration (Must be provided within 48 hours of telephone interview)

Fax to:
1-800-590-1215

OR

Mail to:
I-CAR Training Support Center
5125 Trillium Blvd. Hoffman Estates, IL 60192
Attention: Data Services / 800-422-7872

By registering for and/or attending I-CAR training, you agree to the terms of our Privacy Policy. The Privacy Policy can be viewed in its entirety at www.i-car.com.

Business Name _____

Event Date _____

Use this form only if paying with I-CAR Discount Coupons

I-CAR Discount Coupon Redemption Form

Student Name	Coupon Numbers	3-Digit Coupon Security Code

When redeeming I-CAR discount coupons using this form, please be sure to destroy your original coupons. Coupon numbers redeemed using this form will no longer be valid for future use.