



Marine Chemist Service, Inc.
 11850 Tug Boat Lane, Newport News, VA 23606
 Phone: (757) 873-0933 Fax: (757) 873-1074
 www.MarineChemist.com

REGISTRATION FORM

1. Student Information:

Name (as it will officially appear on the certificate): _____

SSN (required by *DPOR only): _____ Date of Birth*: _____

Home Address: _____
 _____ Street _____ City _____ State & Zip _____

Phone: _____ Fax: _____ Email: _____

2. Employer Information:

Company Name _____ Point of Contact: _____
 (please do not abbreviate): _____

Mailing Address: _____
 _____ Street/PO Box _____ City _____ State & Zip _____

Phone: _____ Fax: _____ Email: _____

3. Course Information/Registration Fee:

Requested Course Title: _____ Initial Date(s): _____
 Update

Date of Last Course _____ Initial
 (required for all updates): _____ Update (SCP/FW Update registrations must provide a copy
 of their last certification if not from MCS, Inc.)

Check (made payable to Marine Chemist Service, Inc.) Check #: _____

Purchase Order # (with pre-approved credit): _____

MasterCard: _____ Exp _____

VISA: _____ Exp _____

Name on Card: _____ Date: _____

Signature: _____

Contact Information for Training

Course Registration: (757) 873-0933, fax (757) 873-1074

Email: Training@MarineChemist.com • www.MarineChemist.com

Please contact us if you do not receive written confirmation within 48 hours of class

OFFICE USE ONLY (date & initial all areas)		
Previous Class Verification _____	Company Terms _____	1 st Acknowledgment _____
Confirmation to Student _____	Confirmation to POC _____	24 Hour Confirmation _____
Mail <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/>	Mail <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/>	Verbal <input type="checkbox"/>
To _____	To _____	To _____