



The **Energy Chamber**
of Trinidad & Tobago
www.ttc.org

LEARNING CENTRE | WALK-IN REGISTRATION FORM

Method of Payment: Linx Visa MasterCard Deposit Slip Cheque Direct Deposit

Name: _____

Address: _____

Occupation: _____ Cell/Home#: _____

Please tick: PLEA Card Renewal First Time

Did you complete the PLEA 10-Hour Training within the last 6 months? Yes No

If yes, please indicate the name of the Training Provider _____

Please tick the PLEA company that you currently work for:

- Air Liquide Arcelor Mittal Atlantic LNG IGL IPSL Methanex Nu Iron NGC/NEC PCS Nitrogen
 Petrotrin PLIPDECO PLNL POWERGEN PPGL Shell TCL Trinity Power Yara Trinidad

Note: The identification number must be 9 digits; if using your T&T national ID card number, do not enter the first 2 digits; all other forms of ID please enter zeros before the number

| Training Date: | | | | | | | | | Use a separate form for each training day | | |
|-----------------------|--|--|--|--|--|--|--|--|---|------------|----------------|
| Identification Number | | | | | | | | | Last Name | First Name | Name of Course |
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| FOR OFFICIAL USE ONLY | | | | | | | |
|------------------------|--|-------------------|--|----------------|--|--------------------|--|
| Front Desk Initials | | Receipt Number | | Amount Paid | | Date of Receipt | |