



**Systems Recertification Registration Form
2024 Badger Fire Protection**

INSTRUCTIONS:

- **Use one form per student.** Fill in all spaces below these instructions. **Please register at least two weeks prior to beginning of each session.**
- Check all sessions that you wish to attend.
Note: The training course must be attended in its entirety for a certificate to be issued.
- PLEASE PRINT CLEARLY. The information on this form will be used for preparation of issuance of certificate(s). **Fax form to: Badger Fire Protection Attn: Donna Deane: 800-248-7809 or Email: Donna.Deane@carrier.com.**
- You will receive a return email confirming registration. Class size is limited. If classes are full, you will be advised by return email. Please ensure you provide an email address for registration.
- Please allow 7-10 business days for processing of registration.

FEES and EXPENSES:

- Distributor personnel are required to pay a fee to Badger for attendance at any training session. Fees will be paid via a Purchase Order or credit card.
- Confirmation will be made upon receipt of your application with full payment. **A PURCHASE ORDER MUST ACCOMPANY THIS REGISTRATION FORM** (purchase Orders must be pre-approved). **Confirmed registrations cancelled within two weeks of the session are subject to a 50% of fee service charge per class.** Confirmed registrants who fail to attend a scheduled session and have not cancelled their registration prior to the session will be charged the entire tuition fee.

Certification Information:

A minimum passing grade of 80% will be required to earn your certification.

Student Name _____

As you wish it to appear on certificate(s)

Job Title _____

Distributor Company Name _____

Distributor Account Number _____

Address _____

City, State, Zip _____

Phone # _____ Fax: _____

Email Address: _____

Eligibility for Recertification:
 Personnel must be currently employed by a Badger Fire Protection distributor.

 Only personnel with proof of prior certification will qualify.

 Certification must be in the name and company of the current employee and employer.

 Recertification will be valid for three years.

 You must register in advance of the date chosen below.

01/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	07/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard
02/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	08/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard
03/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	09/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard
04/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	10/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard
05/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	11/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard
06/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard	12/24	<input type="checkbox"/> Range Guard <input type="checkbox"/> Industry Guard

PO# _____
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 Must be in good standing. NOT Advance Payment

Fee \$150 per person, per class
 Credit Card Payments can be made at:
<https://secure2.billtrust.com/KIDDE/ig/one-time-payment/nv>