

AVON PROTECTION TRAINING SOLUTIONS - REQUEST FORM

Date of Request	Name of Organization		
Contact Name	Organization Address		
Contact Phone	Town/City	County	Post Code
Contact Email	Country		

Training for New Users	YES	NO	Re-certification or Re-training	YES	NO
Estimated target date for training?	Number of People requiring training				

Please list user experience level:

Venue for Training: Onsite at organization Avon Protection Facility Virtual Training

Product	Training Level				Product	Training Level			
	1	2	2+	3		1	2	2+	3
C50					EZAir				
FM50					MP-PAPR				
PC50					CS-PAPR				
FM53					ST53				
FM54					ST54				
FM12					ST53SD				
Underwater					Other:				

Please list equipment Avon Protection need to provide for the training to help with the export License applications:

If you require Service Centre Training, please give details below:

Payment Method: *(Please tick one)* **Credit Card** (Please do not include credit card details on the form) **Invoice**

Upon receipt of your Training Request Form, the Avon Protection Training Department will contact you with more information regarding the training, answer any questions you may have and discuss scheduling and payment details.

Please note: Payment must be received in advance of the class. A minimum class size of 3 and a maximum of 10 must be met. Please do not make travel reservations without confirming four weeks in advance of the scheduled date. Training content and material will be provided in English unless otherwise requested.

Once completed, please return this form to: training@avon-protection.com

Thank you and we look forward to serving you.

Internal Use Only

Training Request Number

Part Number

Quote Number

Originator & Date

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