



QUALITY INSTALLATION VERIFICATION (QIV) FIELD TRAINING REGISTRATION*



QIV Equipment Platform (check one):

- CheckMe! www.proctoreng.com Honeywell Service Assistant www.fielddiagnostics.com

***A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH TECHNICIAN.**

Name of technician being registered for QIV Field Training: _____

Number of years of technician's HVAC experience: _____

Contractor name (if different than above): _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

PAYMENT INFORMATION

Name and signature of person paying for Field Training:

NAME (PRINTED) _____

SIGNATURE _____

THE FOLLOWING INFORMATION WILL HELP US SCHEDULE FIELD TRAINING SESSIONS IN LOCATIONS THAT ARE AS CONVENIENT AS POSSIBLE FOR CONTRACTORS:

How many technicians from this company will be registered for Field Training?? _____

Are you interested in hosting Field Training at a job site? _____
Or inside your shop? _____

EQUIPMENT INFORMATION

Please provide the following equipment information. Technicians **MUST** bring this equipment with them to the field training session.

REQUIRED EQUIPMENT:

DIGITAL CHARGING SCALE

Manufacturer: _____

Model #: _____ Serial #: _____

MULTI-CHANNEL INPUT DIGITAL THERMOMETER

Manufacturer: _____

Model #: _____ Serial #: _____

THERMOCOUPLES (2-5 depending on equipment configuration)

Manufacturer: _____

Model #: _____

OPTIONAL OR ALTERNATIVE EQUIPMENT:

FLOW PLATES

Manufacturer _____

Model #: _____ Serial #: _____

HOT-WIRE ANEMOMETER

Manufacturer: _____

Model #: _____ Serial #: _____

Field Training Fee*

The field training fee is \$125 per person. Field training will be conducted by a field expert. Field training will be separate for CheckMe! and Honeywell Service Assistant.

**After attending the field training and then performing three successful installations that pass the QIV standards, the \$125 training fee will be reimbursed.*

REGISTRATION IS EASY!

*Pay by check or credit card. Make check payable to: Conservation Services Group
Mail to: Conservation Services Group • 40 Washington Street • Westborough, MA 01581*

Credit Card Payment: Visa MasterCard

Cardholder's Name: _____

Cardholder's Signature: _____

Card #: _____

Exp. Date: _____ Total Payment Amount*: _____

***Multiple Registrations** For your convenience, multiple registrations may be paid for and submitted at the same time, preferably stapled together. If the registration address is the same for all attendees, the address and "Payment Made by" sections only need to be completed once.

COOL SMART • Conservation Services Group • 40 Washington Street • Westborough, MA 01581
Web: www.mycoolsmart.com • Email: info@mycoolsmart.com • Phone: 1-800-473-1105 • Fax: 508-836-3181

