

Thank you for your interest in a Turner Engine Control Solutions training class. Please complete the training request form.

Company details

Company name _____ : _____
 Address _____ : _____
 City _____ : _____
 State _____ : _____
 Country _____ : _____
 Zip _____ : _____
 Contact Name _____ : _____
 Phone Number _____ : _____
 E-mail Address _____ : _____

Type of Prime Mover

Diesel Engine Gas Engine Gas Turbine Steam Turbine

Prime Mover & Model : _____

Application

Generator Compressor
 Pump Blower
 Marine Locomotive

Woodward product information

<u>Woodward Product Name</u>	<u>Woodward Part Number</u>	<u>Woodward Serial Number</u>

TYPE OF TRAINING:

Theoretical Light Medium Heavy
 Hands-on Light Medium Heavy

Training Location:

- On-Site; Nearest Airport : _____
 Turner Engine Control Solutions BV, The Netherlands

Training Date

- 1st choice dates : _____
2nd choice dates : _____

STUDENT INFORMATION:**Profession**

- Operators Maintenance Technician
 Engineer Manager/Supervisor Electrician

Years of experience with Woodward equipment

- 1-5 years more then 5 years

Please fill in the names and profession of trainees which is required for the training certificate.

Name _____ Position _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Please return this form to my attention upon completion.

Allison Searle

Training Co-Ordinator

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