

**STEEL TANK INSTITUTE
CATHODIC PROTECTION RECERTIFICATION EXAM
REGISTRATION FORM**



FAX TO: 847-438-8766

REGISTRANT INFORMATION(PLEASE PRINT CLEARLY)

NAME: _____ ID#: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

EMAIL(REQUIRED): _____

(NOTE:: YOUR EMAIL ADDRESS WILL ONLY BE USED TO NOTIFY YOU OF CLASS/CERTIFICATION STATUS.)

STI CATHODIC PROTECTION RECERTIFICATION EXAM FEE IS \$425.00

METHOD OF PAYMENT:

CHECK VISA MC AMEX

NAME AS IT APPEARS ON CREDIT CARD:

ACCOUNT #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

SEND COPIES OF THREE RECENT CP TESTS TO:

LORRI GRAINAWI
STI/SPFA
944 DONATA COURT
LAKE ZURICH, IL 60047
lgrainawi@steeltank.com

NO REFUNDS WILL BE ISSUED FOR ANY REASON