



aquatherm

--	--	--	--

	P
10	F

Installer Card Application

Please fill in and forward back to PO Box 99 393, Newmarket, Auckland

First Name:	_____
Last Name:	_____
Physical Address:	_____

Town / City	_____
Phone:	_____
Email:	_____

Company Name	_____
Phone:	_____
aquatherm Installer Number: (if previously trained)	_____
Trained Date:(approx)	_____

TRADE:

- Craftsman/Registered Plumber
- Limited License holder
- Engineer
- Engineering apprentice
- Pipe Fitter
- Heat & Ventilation
- Registered Drain layers
- Other

C
C
C
C
C
C
C
C

Please state: _____

I agree that the above information is correct to the best of my knowledge:

Signature:_____ **Date:** _____

FOR OFFICE USE ONLY

S	SS	B	E	U/F	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Checked By _____ Date: _____ Training / Retraining