



Larsen Inspection Training

2191 Fifth Street, Suite #101, Norco California 92860
(951) 817-9080 • Fax (951) 817-9081
www.larseninspectiontraining.com

Name: _____
Last First Initial

Online Enrollment Agreement

Course Description:	Cost	
Prestressed Concrete Code	\$350.00	
Prestressed Concrete Plans	\$250.00	
Reinforced Concrete Code	\$400.00	
Reinforced Concrete Plans	\$400.00	
Soils Code	\$350.00	
Soils Plans	\$150.00	
Spray-applied Fireproofing	\$250.00	
Structural Masonry Code	\$400.00	
Structural Masonry Plans	\$400.00	
Structural Steel and Bolting Code	\$300.00	
Structural Steel and Bolting Plans	\$400.00	
Structural Welding Code	\$300.00	
Structural Welding Plans	\$400.00	
		TOTAL AMOUNT

YOU ARE RESPONSIBLE FOR THIS AMOUNT. THIS ENROLLMENT AGREEMENT IS LEGALLY BINDING WHEN SIGNED BY YOU AND ACCEPTED BY LARSEN INSPECTION TRAINING.

THIS COURSE IS FOR INDIVIDUAL USE ONLY AND CAN NOT BE SHARED IN ANY WAY

CODE QUESTIONS, PLANS QUESTIONG, TESTS OR PLANS CAN NOT BE COPIED IN ANY WAY

Student Signature Date

Print Name

Larsen Inspection Training Student Application Online

Date:

Please indicate which class you will be taking:

- | | | | | |
|--------------------------|------|--------------------------|-------|--|
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | PRESTRESSED CONCRETE SPECIAL INSPECTOR |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | SOILS SPECIAL INSPECTOR |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | SPRAY-APPLIED FIREPROOFING SPECIAL INSPECTOR |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | STRUCTURAL MASONRY SPECIAL INSPECTOR |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | STRUCTURAL STEEL AND BOLTING |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | STRUCTURAL WELDING SPECIAL INSPECTOR |
| <input type="checkbox"/> | Code | <input type="checkbox"/> | Plans | REINFORCED CONCRETE SPECIAL INSPECTOR |

NAME:

LAST	FIRST	INITIAL
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ADDRESS:

NUMBER & STREET	APT #
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CITY	STATE	ZIP CODE
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Date of Birth:

CONTACT INFORMATION Please include area code on all telephone numbers
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Home Phone Number:

Cell Phone Number:

Email Address (required):

Are you a High School Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION Obtained beyond high school
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Institution Name:

Area of Study:

Degree/Diploma/Certificate:

EXPERIENCE

Employer:

Position:

Specific Job Duties:

EMERGENCY CONTACT

Name:

Relationship:

Telephone Number:



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CONFIDENTIALITY AGREEMENT

DATE: _____

I, _____, hereby agree that the exam questions and answers, class room lecture information, and any other material that is furnished to me in order to train me to become a Special Inspector (not including published manuals) is copyrighted material and is not to be shared with anyone else for any reason. I agree that these materials and information are for my personal study and agree not to copy, allow to be copied, reproduced, typed, electronically scanned, or electronically stored by myself or by any other person, company, corporation or entity. I agree not to share, lend, or allow this material to be taught to any other persons, company, corporation, or entity. Plans can **NOT** be unstapled or copied in any way.

Unauthorized use of this material could result in Federal copyright violation charges as well as Civil prosecution for damages suffered by the owner of the copyright.

Signed _____

Witness _____

Witness _____