

NJCE - LIVE VIRTUAL INSTRUCTOR-LED TRAINING GROUP SIGN IN SHEET

(Please complete sign in sheet in its entirety)

Live Virtual Safety Training Topic Name: _____

Organization/Employer: _____

Date of Live Virtual Training: _____

Time of Live Virtual Training: _____

Supervisor Name: _____

(Sign below at completion of training before submitting to J.A. Montgomery)

** Email Group Sign in Sheet(s) within 24 Hours of training completion to Natalie Dougherty at ndougherty@jamontgomery.com or fax 856-291-9628. Thank you*

	PRINT - FIRST NAME, LAST NAME																DEPARTMENT	WATER/ WASTEWATER LICENSE # <i>(IF APPLICABLE)</i>	SIGNATURE
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I attest the above listed students attended the entire course and were given the opportunity to ask questions of the material.

Supervisor Signature: _____

Phone #: _____

Email Address: _____