Safety Council of East Texas

SafeLand USA Registration Form

Company Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Date of Training: _____ Number of Students: _____

Please have students at the Council by 6:45 am

Student Name	Student Name

☐ By checking this box, I verify that all student Social Security Numbers have been verified. (REQUIRED)

Signature: _____ (Company Representative)

Fax # 903-758-1826 or email: melissa@etsafety.org

If you have not called to verify this training, please do so.

Print Form