



Southern Indiana Stormwater Advisory Committee

Qualified Professional Inspector Training Course

REGISTRATION FORM

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ (Work) _____ (Cell)

Email Address: _____

Course Fee: \$100 (Check Only, made payable to Clark County SWCD)
(Check must be included with registration form)

Local government employee or SWAC member? Yes No

If yes, specify affiliation: _____
(Course fee waived for local government employees and SWAC members)

Attending Class: Yes No

Date Attending: _____

MAIL FORM TO: Clark County SWCD
9608 Highway 62, Suite 2
Charlestown, IN 47111

OR EMAIL: swcdclark@gmail.com

The training manual and course materials will be provided to registered individuals on the day of the class.

Upon completion of the course, do you want your contact information included in a list

of Certified QPIs to be made available to local contractors? Yes No

(Office Use Only)

Date Application Received: _____

Date Paid: _____ Check # _____

