INSTALLATION TRAINING SMARTCARD APPLICATION FORM

(Please complete in capital letters)

Applicant Name:.....
FIRST NAME *MID.INIT.* *SURNAME*

Occupation: .....

Company Name: .....

Address: .....

City: ..... State: .....

Country: ..... Post / Zip Code: .....

Telephone Number: .....

Facsimile Number: .....

E–mail Address:.....

Company's Field of Activity:.....

Training Site: ..... Date: .....

Applicant's Signature: ....

Instructor's Name: ..... Signature: .....

SMARTCARD Type:	**☐ INSTRUCTOR**		**☐ INSTALLER**	
PRODUCT Type:	**☐ SMARTFLEX**	**☐ SMARTCONDUIT**	**☐ CHEMPEX**	**☐ OILTECH**
LANGUAGE:	**☐ ENGLISH**	**☐ FRENCH**	**☐ ITALIAN**	**☐ SPANISH**

Upon successful completion of this course, NUPI S.p.A. will issue you with a Certificate and SMARTCARD as proof of being a Certified Installer. We will require either a digital or a passport size photograph of yourself for this purpose. If a passport photo is used it will need to be attached to this application.

NO SMARTCARDS CAN BE PROCESSED WITHOUT A PHOTOGRAPH.

Upon completion, kindly return this application to :

Certification / Warranty Administrator
NUPI S.p.A. – Industrial Division
Via Colombarotto 58, 40026 Imola – Italy
E – mail: infoid@nupinet.com

Italian Law No. 675/96 makes provision for the personal data provided in this form to be treated as private and confidential and will not be accessible to other parties. The applicant however gives his/her consent for the utilization and disclosure of his/her personal data included or attached to this form.

Applicant's Signature : ……