SRIH AMERICA	Official Recognized Provider Attendance Record Submit to: NATE • attn: Recognized Provider Recorder 2111 Wilson Blvd. Suite 510 • Arlington, VA 22201		
THE NATE S			
Recognized Provider Name			Date
Training Location, City & State _			
Course Name	NATE Course #		
NATE Approved Hours	Course Hours Total		
<ol> <li>Course name, number and h</li> <li>Records must be received w</li> <li>To receive credit, the origina</li> <li>If handwriting is unclear, credit</li> <li>Instructors hours will only b</li> <li>This record must be used for</li> </ol>	led, please use co nours must match vithin 60 days to r al roll and all infor edit will not be giv pe recorded in ins or single-day cour	rmation must be provided. No co ven. structors box at bottom. rses. Multi-day courses use a dif	NATE. after this WILL NOT GET CREDIT. opies or faxes will be accepted.
Technician Nam Please print as it appears on you		NATE ID # Must be included to receive credit	Signature
Instructors training credit requires N	IATE ID #. • Course	ID# 1587-0003	
Name		NATE II	D#
Signature	Date		