



**SMARTD Retrofit Solutions**

## Contractor Training Request

| Requested Training Session     |          |         |                |   |      |             |
|--------------------------------|----------|---------|----------------|---|------|-------------|
| Contractor Name                |          |         |                |   |      |             |
| Primary Contact Name           |          |         |                |   |      |             |
| Primary Contact E-mail Address |          |         |                |   |      |             |
| Phone/Fax Number               |          |         |                |   |      |             |
| Name                           | Position | Phone # | E-mail Address | Level of Experience with<br><b>SMARTD inc. &amp; Danfoss Turbocor</b> |      |             |
|                                |          |         |                | None  | Some | Significant |
|                                |          |         |                |   |      |             |
|                                |          |         |                |   |      |             |
|                                |          |         |                |   |      |             |
|                                |          |         |                |   |      |             |

SRS reserves the right to cancel the scheduled class if minimum class numbers are not filled. Please confirm back with SRS prior to making any travel arrangements to ensure class is still schedules.

SRS reserves the right to schedule additional participants from other companies into the same class.

Authorized: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

**Smartd Retrofit Solutions**  
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