



REQUEST FOR BIOMASS OPERATOR TRAINING

Applicant:			
Contact Name:			
Mailing Address:			
City:		Zip Code:	
Telephone:			
Email:			

Do you have an installed Biomass System? Yes No

If so, how long has it been operational? _____

If not yet installed, when is the anticipated date of commission? _____

Who is the owner? _____ Brand/Model: _____

Choose one

Type of Biomass boiler: Use: seasonal year-round

People in need of training:

Name	Year of Previous Training	Position in Community

Do you need assistance with travel? *Please explain what type of assistance is needed:*
