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Innovative, quality technology solutions throughout the United States since 1985.

Approval for Training Program Information Removal

I _____
(clearly print name) & (social security number)

give my approval to remove my prior training program or challenge information. I understand that at this time the prior training/challenge is still active and that I have testing attempts still available to me on that training. I am voluntarily choosing to give up those testing attempts in order to complete the new training program. By starting this new training program I understand that I will have to start the testing process all over again. Any passed portions of the state test will not transfer to the new training program.

By signing this form below, I acknowledge that I fully understand that I will be required to successfully complete the new training program before I will be eligible to test again. Upon completing the training I will be required to start with both the written and skills test again.

The new training program instructor will be required to sign below as verification that you have read and agreed to the information above.

Prior training expiration date _____
Number of testing attempts still available _____

Candidate Printed Name Candidate Signature Date

New Training Program Name Instructor Signature Date