

The following information is required so that we can contact you and send certification results to the appropriate officials:

NAME (Last/First/Initial): \_\_\_\_\_

RANK/GRADE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE NUMBER: (VOICE AND FAX) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE YOU AN APPLICATOR \_\_\_\_\_ ARE YOU A PMP \_\_\_\_\_

**PMP's NAME/ADDRESS/PHONE:**

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**CERTIFYING OFFICIAL'S NAME/ADDRESS/PHONE:**

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**TRAINING OFFICER'S NAME/ADDRESS/PHONE:**

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**COURSE ADMINISTATOR:** Lt Col Karl Haagsma at DSN 346-1412 or (330) 609-1412.  
FAX DSN 346-1616 or (330) 609-1616, Attention: Karl Haagsma  
E-Mail Address: [karl.haagsma.1@us.af.mil](mailto:karl.haagsma.1@us.af.mil)

Web Site: <http://www.youngstown.afrc.af.mil/units/aerialspraysquadron/index.asp>

