

Virginia Department of Education  
Office of Career and Technical Education

Manufacturing Technician Level 1 Trainer Certification Course  
Registration Form

1<sup>st</sup> Choice Session Date: \_\_\_\_\_ 2<sup>nd</sup> Choice Session Date: \_\_\_\_\_

**Participant's Name:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
School Division: \_\_\_\_\_ School: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Professional Background** (please check all that apply):

\_\_\_\_ Technology Education Teacher  
\_\_\_\_ Trade and Industrial Education Teacher  
\_\_\_\_ Industry Experience ( \_\_\_\_\_ )  
Specify

**Cancellation:**

Should a conflict arise after receiving confirmation of your 1<sup>st</sup> choice session date, contact the Office of Career and Technical Education. If an alternate date is not suitable, then cancellation must be made at least 10 days prior to the MT1 Certification Course session start date.

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

**Submit Registration to:**

Virginia Department of Education, Office of Career and Technical Education, at [cte@doe.virginia.gov](mailto:cte@doe.virginia.gov) or fax to (804) 530-4560