

HVAC Technician Training Registration Form

Personal Information

Please fill out this form completely and attach proof of payment for the registration fee (#50,000). Ensure all required fields are completed accurately. Incomplete forms will not be processed.

Full Name:	
Phone Number:	
Email Address:	
WhatsApp Number (if different):	
State of Residence:	
Local Government Area (LGA):	
Home Address:	
Date of Birth (DD/MM/YYYY):	
Gender (Male/Female):	
Next of Kin Details Full Name:	
Relationship:	
Phone Number:	
Address:	
Educational & Skill Qualifications Highest Educational Qualification:	
Do you have any technical or vocational training? (Yes/No):	
If yes, please specify:	
Do you have any experience with refrigeration or air conditioning? (Yes/No)):

If yes, please describe bri	fly:
Training Preparation Do you have the listed pre	ctical tools? (Yes/No):
If no, would you like Icem	an-Tech to help you source them? (Yes/No):
Will you require accomm	dation? (Yes/No):
Will you come with your	wn stove/boiler? (Yes/No):
Do you have safety wears	(Yes/No):
Payment Confirmation Amount Paid: N	
Date of Payment:	
Bank/Channel Used:	
Transaction Reference Nu	mber:
Declaration	
	nformation provided above is accurate to the best of my hat submission of this form along with payment confirmation is t in the training program.
Signature:	Date:
	our completed form and payment confirmation via 348037467258.