MCBH-Safety Directorate Registration Form-Ground Safety for Marines

Nailk.	_Last Name:	First	Name:
DoD ID #:		Unit:	
	Email:		
MOS/Job Title	e:		
Supervisors N	ame and Title:		
Course Start [Date:	End Date:	
Commander/	Executive Officers N	ame:	
		INSTRUCTIONS	
			ion in order to attend this training and be y Manager for your organization/section.
	art date to ensure yo		ldg 279, 1 st Floor) or FAX it to 257-1619 ling to register will result in denial of
Ground Safety schedule app	y for Marines training	g requires your attendance every	ring the two week training period. The y day for the duration of the course. Do no rgencies will be handled on a case-by-case
	an Employees will w		ors are required to be in the appropriate e required of their job position (open toed
		ch you are required to pass with a mulative) will be grounds for disa	a score of 80%. Failing an exam/quiz or missal.
6. Acknowled	lgement, I have read	the instructions above and unde	erstand the course requirements.
Students Sign	ature:		Date:
Commander/	Executive Officers S	ignature:	Date: