

Instructor Background And Information Form

Thank you for filling out this form.						
Presentation Title: Installation and S	Service of the Sir	ngulair/Singula	ir Green	ATT		
Presenter: Wyatt	Title: Ruck					
Employer: Norweco, Inc.	Address: 220 Republic Street State: OH Zip: 44857 Phone: 419-668-4471					
City: Norwalk	State: OH	Zip: 448	357	_ Phone: 419-668-	4471	
Summary of Lesson content: This le	esson will cover i	nstallation, wi	ring, sam	pling and proper se	ervice of the Singulair	
and Singulair Green aerobic treatm						
Professional Background: (Note a because be sure the resume includes Use the reverse side of this form if note that the primary Knowledge/Skills/Abilities results in the primary Knowledge/Skills/	all requested in nore room is need elated to present	formation. Queded to fully and the detection and	alification nswer the s spent a	s should be related following question s a production tech	I to your presentation.) s. nnician; assembling,	
inspecting, servicing and sampling	Singulair/Singula	air Green tech	nology. S	peaker at Norweco	's Factory Training School. ———	
Education (High School, Upgrades,	Colleges and De	egrees):				
High School Diploma						
Professional Registration/Certification	on:					
Related papers/instruction you have Title: Singulair Green Product Traini	-	/15/2023	_ Event: [Oriller's Services In	c. Dealer Training	
Title	Date:		_Event: _			
Professional Organizations/Activities	s:					
		Date:				
				Date:		
Course sponsor: Michaels Precast C	Concrete, LLC	35115 SE H	wy 211, E	Boring OR 97009	(503) 668-4073	
Signature of Instructor: DO NOT WRITE BELOW THIS LINE	SF			Date: <u>04/29/2</u>	2024	
Date Evaluated:	Ву:			Approved: Y	esNo	
Return Completed Form To: OFSA	C CELL COMMITT	FF Fmai	l: info@oe	sac ord		

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