

Recovery Agent Training Service Registration Form

(Please type or print)

NAME _____ SS# _____

ORGANIZATION _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

E-MAIL _____

Course Title: **Washington State Recovery Agent Prelicense Training**

Field Operations per WAC 308-19-305 1.b.i-vii

Course Dates: _____

Course Location: _____

Please do not make travel or hotel reservations until you receive confirmation from Recovery Agent Training Service.

Americans with Disabilities Act Program Accessibility: Individuals who require reasonable accommodation in order to participate must notify the registrar at **(509) 542-0840** at least five working days prior to the class.

Authorizing Official

NAME _____ TITLE _____

PURCHASE ORDER NUMBER _____ or [] FEE ENCLOSED

Make checks payable to: Recovery Agent Training Service

[] SEND INVOICE TO _____



Return to:

**Recovery Agent Training Service
115 W. Kennewick Ave.
Kennewick, WA 99336**

**(509) 542-0840 or (866) 642-0840
www.RecoveryAgentTraining.com**