

Welding 101^{LLC} Questionnaire

Today's Date: _____ Time: _____

Print Name: _____

First

Last

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Welding Experience:

GMAW (MIG) FCAW (Flux Core) SMAW (Stick) GTWA (TIG)

Other: _____

Years Welding:

Less Than 1 Less Than 5 Less Than 10 More Than 10

What are you looking to accomplish?

Certification AWS Certification AWS Level 1 Hobby Class

Other: _____

When are you available to take classes?

Monday-Thrusday: 9am-12pm 1pm-4pm 6pm-9pm

5 Fridays: 6pm-10pm 3 Saturdays: 9am-4pm

Other: _____

How did you here about us? _____

Mail info to a friend, family, or employer:

Print Name: _____

First

Last

Mailing Address: _____

City, State, Zip: _____