

# Montana Weatherization Training Center

Dedicated to Training the Professional & Informing Consumers in  
Home Energy Conservation & Weatherization Practices



Montana State University Extension in Partnership with Montana Department of Health and Human Services

**Training/Course Name** \_\_\_\_\_

**Date** \_\_\_\_\_ **Training Location** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Are you directly affiliated with the Low-Income Weatherization Assistance Program?**    **Yes**    **No**

**If no, what is your affiliation** \_\_\_\_\_

**Agency/Business Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone (Day)** \_\_\_\_\_ **Phone (Mobile)** \_\_\_\_\_

**Email** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_

## For Office Use ONLY

**Exam Score** \_\_\_\_\_ **Passed Course**    **Yes**    **No**    **Received Certificate**    **Yes**    **No**