



**Refrigeration Service Engineers Society
Authorized Training Group/Course Application**

Training Group Name:	
Approved Representative's Name:	
Address 1:	
Address 2:	
City	
State/Province	
ZIP/Postal Code:	
Country:	
Phone #:	
Email Address:	

Approved Representative Signature:	
Date:	

TECHNICAL PROGRAM APPROVAL INFORMATION

Program Title:					
Program Hours:					
Program Description:					
Primary Program Delivery Method:				Live Instruction	
				Online Class	
				Webinar	
		Self Study			

RSES USE ONLY			
Program Approved CEHs:		Course Number:	
Approved By:		Date:	

Send completed forms to: **MAIL:** RSES, Attn: CEH Records, 1911 Rohlwing Road, Suite A, Rolling Meadows, IL 60008-1397
FAX: 847-297-5038 **EMAIL:** cehrecords@rses.org