07/09

CIT
164 WANDA
WALLED LAKE, MICHIGAN 48390

REGISTRATION FORM:

REGISTRATION AT 2:45 PM
CLASS BEGINS AT 3 PM

NAME: _____ DATE: _____

ADDRESS: _____/_____ MICHIGAN _____
City Zip Code

TELEPHONE-BUSINESS ( )_____ E-Mail_____

STATE INSPECTOR REGISTRATION NUMBER: _____

******** CLASS FEE: $80.00 PLAN REVIEW CLASS: 07/30/09

CIT- 164 Wanda, Walled Lake, MI 48390 **Office/Fax: 248-624-0570 Cell: 586-436-0450**

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