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| DOTLOGO2 |  **Application for Aggregate** **Gradation Technician Course** |
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|  |
| Class Location: | **Online Course** | Date Enrolled: |  |
|  | Facility |
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| **To the Applicant / Trainee:** | Complete this application and e-mail to dot.bmpr.gradtrain@illinois.gov |
|  | or Fax to (217) 782-2572 ATTN: Scott Hughes. |
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| [ ]  | Mr. | [ ]  | Miss | [ ]  | Mrs. | [ ]  | Ms. |
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|  |
| Name: |       |   |       |  |
|  | First | Middle Initial | Last |  |
|  |
| Home Address: |       |       |
|  | Street / Post Office Box | Home Phone # |
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|  |       |       |       |
|  | City | State | ZIP Code |
|  |  |
| E-Mail Address: |       |
|  |  |
|  |  |
| State **EID/LMS ID#** |  |
|  if applicable: |       |
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| **Employer** |  |
| **Information:** |       |       |
|  | Name | Office Phone # |
|  |
| Employer |  |
| Address: |       |
|  | Street / Post Office Box |
|  |  |  |  |
|  |       |       |       |
|  | City | State | ZIP Code |
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| Employer Contact Name: |       |
|  |
| Employer E-Mail Address: |       |
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