

Please print or type.

**Training Center (TC) Information**

TC Name FA INDUSTRIAL SERVICES, Inc.

BILLING Address 4305 WEST US 2

City Iron River State MI Zip 49935

SHIPPING Address (if different) PO Box 366

City IRON RIVER State MI Zip 49935

Phone 906-284-3024 Fax 231-344-5919 Website URL a.lewis@faindustrialservices.com

**Business Structure:** Do you offer classes to the public for a fee?

- Yes (Entrepreneurial)  
 No Please indicate your business structure:  Corporate  Government/Non-profit  Healthcare/EMS

Do you have tax-exempt status?  Yes (Please attach documentation.)  No

Do you currently offer student-level courses in first aid, CPR, or other safety & health topics through another nationally recognized organization?

- No  
 Yes (Please indicate which organization(s))  AHA  ARC  NSC  ASHI (Please provide TC ID \_\_\_\_\_)  
 Other \_\_\_\_\_

Do you want your Training Center to appear in our online Training Center Directory?

(Entrepreneurial Training Centers only)

- Yes  No

Employees/Instructors Authorized to Place Orders Andrew C. Lewis

**Training Center Director Information**

The Director is the business owner, executive officer, or other responsible individual associated with the organization who will manage this Training Center. Only a person authorized to oblige the organization to the terms of this agreement should sign this application.

Mr.  Ms. Last Name Lewis First Name Andrew MI C

Email a.lewis@faindustrialservices.com Phone 906-284-3024

MEDIC FIRST AID may send me promotions, advertisements, and newsletters by email.

- Yes  No

Have you ever had a license or certification suspended, revoked or denied, or been convicted of a felony in any state?

- No  Yes (If yes, you may still be eligible to direct a Training Center, but you must attach a detailed explanation.)

**Training Center Agreement**

I understand and agree for myself and all other persons acting on my behalf or on behalf of my Training Center that approval as a MEDIC FIRST AID Training Center is a privilege, not a right, and may be revoked. My Training Center will provide programs in accordance with the most recent version of the MEDIC FIRST AID TCAM hereby incorporated by reference. I will inform MEDIC FIRST AID immediately of any changes to information on this form, or on the application forms of all affiliated Instructors.

TC Director Name (Please print) Andrew Lewis

Signature [Signature] Date 05-13-15

Active Training Centers must have at least one affiliated currently authorized MEDIC FIRST AID Instructor in good standing. Please submit the Instructor Application form to register Instructors. This form is available at [www.hsi.com](http://www.hsi.com).



# Change of Training Center Affiliation Form

We Make Protecting and Saving Lives Easy™

### Instructor Information

Mr.  Ms. Last Name LEWIS First Name ANDREW MI C  
 Mailing Address 4305 West US 2  
 City Iron River State MI Zip 49935  
 Email a.lewis@FAIndustrialServices.com Telephone 906-284-3024

### Change of Training Center Affiliation

Brand  ASHI  MEDIC

Please check the box next to the Training Center to which the Instructor is primarily affiliated.

Current Training Center Name ASPLUNDH TREE EXPERT Co TC ID ASP 544  
 New Training Center Name FA INDUSTRIAL SERVICES, INC TC ID \_\_\_\_\_

### To access your instructor's Digital Authorization Card in Otis go to:

Instructor>Manage Instructor from the navigation bar. Either search for your instructor by name or click View All. To the right of the instructor's name you will find the link to the Digital Instructor Authorization Card.

### New Training Center Affiliation and Agreement

I have received and validated the required credentialing documentation, including Instructor or Instructor Trainer application and all associated credentials or the IDC Course Completion documentation from the Instructor applicant listed above. I agree to maintain responsibility for this Instructor and ensure that he or she has access to and complies with the most recent administrative guidelines as outlined in the TCAM. I will maintain a copy of this application and associated credentials for the length of this Instructor's affiliation with my Training Center.

New Training Center Director Name (Please print) Andrew Lewis  
 New Training Center Director Signature [Signature] Date 05-13-15

Submit a signed copy of this form to HSI by one of the following methods: (Please allow up to 10 business days for processing)

Email: [applications@hsi.com](mailto:applications@hsi.com)

Fax: 503-914-1424

Health & Safety Institute  
 1450 Westec Drive  
 Eugene, OR 97402

ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, EMP Canada, and Summit Training Source are members of the HSI family of brands.