



Stewart and Stevenson LLC  
Training Center  
581 Garden Oaks Boulevard  
Houston, Texas 77018

Ph: 713-803-0700 Toll Free: (800) 967- 2190 Fax: (713) 803 - 0721  
E-Mail: [trainingcenter@ssss.com](mailto:trainingcenter@ssss.com)

**DEALER AND CUSTOMER REGISTRATION FORM**

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Controlling Branch \_\_\_\_\_ Branch \_\_\_\_\_ Dealer \_\_\_\_\_ Customer \_\_\_\_\_

Please check \_\_\_\_\_ if you would like your company's name added to our mailing list.

\*\*\*\*\* **SELECT METHOD OF PAYMENT** \*\*\*\*\*

Stewart & Stevenson is hereby authorized to charge the following charges to the account or card listed below.

1) Apply to Stewart & Stevenson Account: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

2) CREDIT CARD: TYPE (We accept VISA, MASTERCARD & American Express): \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(3- 4 digits following card number on back of card) \_\_\_\_\_ Credit Card Billing Address Zip \_\_\_\_\_

Approval Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

3) Cash \_\_\_\_\_ Check \_\_\_\_\_

\*\*\*\*\* **ENROLLEE** \*\*\*\*\*

Note: If registering for a class with a required prerequisite, please fax a copy of the certificate to show student has met requirement.  
Class registration ends 3 business days prior to first day of class

NAME OF STUDENT: \_\_\_\_\_

Is Student a United States Citizen:  YES  NO

CLASS NAME: \_\_\_\_\_

CLASS DATE: From \_\_\_\_\_ To \_\_\_\_\_

Training Location: Denver \_\_\_\_\_ Houston \_\_\_\_\_

NOTE: Hot lunches are available at the Houston Training Center for \$8.00 plus tax per day.  
Please indicate below if you would like to take advantage of our lunch offer.

Yes, I would like to participate  No, thank you

**Stewart & Stevenson Safety Rules require all lab participants to observe OSHA Safety Guidelines.**  
Students are required to wear ear protection, safety shoes and glasses. Individuals requiring prescription eye ware must have OSHA approved lenses with the C87 etched in the lenses with side shields.

**NOTE: This is only an enrollment request.**  
You should receive a letter of confirmation within 2 weeks upon completion of your enrollment.

Note: For Updated Training Schedules Visit our Web Site at:  
<http://www.stewartandstevenson.com/Products%20and%20Services/Aftermarket/Training%20Center/default.htm>