



NTSB TRAINING CENTER

PARTICIPANT SUBSTITUTION REQUEST

A request by a registered participant to have another attend a course in his/her place is permitted.

To apply for a substitution, the registered participant must complete this form and fax or email it to NTSB Training Center no later than seven business days prior to the start of the course.

Course Information

Course Title _____ Dates _____

Registered Participant Information

Name (Last, First, Middle) _____

Telephone _____ Fax _____ E-mail _____

For identification purposes, please provide the month and the day of your birth (i.e., July 4 = 07/04): __ / __

Substitute Participant Information

Name (Last, First, Middle) _____ Are you an NTSB employee? Yes No

Title/Function _____

Organization _____

Mailing Address _____ Please check one: work home

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ E-mail _____

For identification purposes, please provide the month and the day of your birth (i.e., July 4 = 07/04): __ / __

Please print name exactly as it should appear on training certificate: _____

Fax or mail to:
Registrar
NTSB Training Center
45065 Riverside Parkway
Ashburn, VA 20147
Fax: 571-366-9654

PRIVACY ACT STATEMENT: This information is solicited under authority of the Privacy Act of 1974. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request to participate in a program at the NTSB Training Center. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of any funds involved.

TRAINING CENTER USE ONLY

Keys#: _____ Approved by: _____ Date: _____