

Research Request Form

Mail or fax form to: TRAINCAN, Inc
85 Scarsdale Rd, Suite 101
Toronto, ON M3B 2R2
Fax: 416-646-0877 Phone (888) 687-8796



Please print!

Date request sent to TRAINCAN, Inc

Sponsor, company, association, or school name

Instructor's name Requested by

Contact phone number Fax number

Examination date (**required**) (please attach class list if possible)

Explanation of concern:

*If this concern involves a student(s), please provide name(s) and address(es)

- **Concern(s) will only be addressed if this form is submitted within 2 months from the examination date or if the results were delivered within the last 30 business days.**
- **Please feel free to provide additional information.**
- **Please allow 5-7 business days for processing.**

OFFICE USE ONLY

Date answer sheets recorded Certificate print date

Examination Specialist initials Date researched Examination Form

Course name: *ADVANCED.fst* *BASICS.fst*

Resolution
