## **Research Request Form**

Mail or fax form to: TRAINCAN, Inc

1895 Clements Road, Suite 117

Pickering ON L1W 3V5





Please pri	n	t	
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Date request sent to TRAINCAN, Inc		
Sponsor, company, association, or scho	ol name	
Instructor's name	Requested by	
Contact phone number	Fax number	
Examination date (required) (please att	ach class list if possible)	
Explanation of concern:		
*If this concern involves a student(s), ple	ease 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 Special	list initials	Date researched	Examination Form
Course name:	□ ADVANCED.fst	□ BASICS.fst	
Resolution			