



VTESTM
On-Demand Inspector Training

“We Are Simply Better”

Referral Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

4 Digit Pin # - First & Last Initial: _____

(This will be your referral code that your referrals will list during enrollment. Please write this # down.)

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Current Employment & Company Information

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*I understand that false or misleading information in my application may result in my release. I also understand that **I will be sent a Form 1099-Misc if I am signing as an individual or LLC or LP.** The Form W-9 will be attached to this application. I understand that I will not be credited for payment unless the individual(s) I refer enroll & pay for course(s) and use my referral code listed above on this form. I understand that all enrolled referrals will be totaled once per month and referral fee will be sent to me on or about the 15th of the following month.*

Signature: _____ Date: _____

Printed Name or Printed Name of Authorized Officer: _____

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