



**REQUEST FOR CUSTOM TRAINING COURSE**

*Thank you for your interest in a customized Woodward training class. This information sheet will enable us to better design and quote a class specific to your application and requirements.*

Company:	Date:
Company Address:	
City:	Country: Zip:
Contact Name:	Contact Phone Number:
E-mail Address:	Contact Fax Number:

**Woodward Product Name**

**Woodward Part Number**


**APPLICATION: (Type of Prime Mover)**

- Diesel Engine
- Gas Engine
- Gas Turbine Steam
- Turbine Hydraulic Turbine
- Other

Details:

**Prime mover(s) manufacturer(s) and model(s):**

**Application of Prime Mover (please select multiple options if applicable):**

- Generator drive
- Stand alone generator
- Island load-sharing
- Tied to the grid only
- Tied to grid and plant load
- Locomotive
- Other
- Mechanical drive
- Compressor
- Pump
- Blower
- Line shaft
- Propulsion

x

Please give a detailed description of your application and operation of your system:

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**TRAINING GOALS:**

Please describe the objectives and goals you want to accomplish with this training: \_\_\_\_\_

**TYPE OF TRAINING:**

- Theoretical:                       Light                       Medium                       Heavy  
 Hands-on:                       Light                       Medium                       Heavy

**STUDENT INFORMATION:**

Number and background of the participants:

- 1 class (3-4 people)  
 1 class (5-8 people)  
 more than 1 class (> 8 people)

Do you have more than one group to train?  Yes  No

If so, how many groups?  
 Number of people per group: \_\_\_\_\_

*NOTE: We recommend no more than eight for classroom training and no more than six for hands-on training!*

Do you want the training to be split for different experience levels? Yes No

If so, please specify the different knowledge levels present. (i.e. operators, maintenance, technicians, etc.)

- Operator                                       Maintenance ( elect)                       Engineer (mech)  
 Maintenance ( mech)                       Technician ( mech)                       Engineer (elect)  
 Engineer ( mech)                               Technician (elect)                       Manager/Supervisor  
 Other Describe \_\_\_\_\_

Is this a new system you are requesting training for?  Yes  No

Do you have other Woodward controls/products?  Yes  No

If so, please list them: \_\_\_\_\_

**NAME AND EXPERIENCE LEVEL OF THE STUDENTS: (If unknown at this time please estimate)**

	Name	Position	Experience level on:		
			Capabilities of Control/Governor	Operating options	Governor/Control application
1					
2					
3					
4					
5					
6					
7					
8					

*Please use the pull-down menu to select the experience level.*



Please list other products / services you would like information on?

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**TRAINING LOCATION:**

- Woodward
- On-Site:  
Site Name and Location:

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Nearest Airport:

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- Quote for both training on-site and at Woodward. (Please fill out location and site name)
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**TRAINING DATE:**

Do you have a specific time frame in which you would like the training?      Yes      No

1<sup>st</sup> choice dates:

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2<sup>nd</sup> choice dates:

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3<sup>rd</sup> choice dates:

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Woodward will make a recommendation on how many days the class should be. If you have any limitations, please indicate them here.

**Dates will be determined upon acceptance of the quotation and arrangement of payment.**

*THANK YOU FOR YOUR TIME IN HELPING US TO DESIGN THE MOST EFFECTIVE CUSTOM TRAINING COURSE FOR YOU.*

**Upon completion, please return this form to:**

**Woodward Nederland Training Department**  
**\*PHONE : +31 (0)23 566 1137 or +31 (0)23 566 1257**  
**\*FAX : +31 (0)23 563 6529**  
**\*E-mail: [training.europe@woodward.com](mailto:training.europe@woodward.com)**

**N.B. Please return a softcopy of this document.**