

### REQUEST FOR CUSTOM TRAINING COURSE

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

Company:  Date:

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Company Address (Street):

(City):  (State):  (Zip):

Contact Name:  Contact Phone Number:

E-mail Address:

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

[ ]  Diesel Engine [ ]  Gas Engine [ ]  Gas Turbine [ ]  Steam Turbine [ ]  Hydraulic Turbine

[ ]  Other

Please describe

**Prime Mover Manufacturer and Model:**

 **Woodward Product Name Woodward Part Number Woodward Serial Number**

|  |  |  |
| --- | --- | --- |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**Application of Prime Mover:**

[ ]  Generator drive [ ]  Mechanical drive

[ ]  Stand alone generator [ ]  Compressor

[ ]  Islanded system load sharing [ ]  Pump

[ ]  Tied to the grid only [ ]  Blower

[ ]  Tied to grid and plant load [ ]  Line shaft

[ ]  Locomotive [ ]  Marine

[ ]  Other

Please describe your application and operation of your system

**TYPE OF TRAINING:**

[ ]  Theoretical -- [ ]  Light [ ]  Medium [ ]  Heavy

[ ]  Hands-on -- [ ]  Light [ ]  Medium [ ]  Heavy

Please describe the objectives and goals you want to accomplish with this training.

**Training Location:**

[ ]  On-Site Site Name and Location:  Nearest Airport:

[ ]  Woodward (Fort Collins, CO)

[ ]  Other (customer site)

[ ]  Quote for both training on-site and at Woodward. (Please fill out site name and location)

# Training Date

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

1st choice dates

2nd choice dates

3rd choice dates

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.***

**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 (mech) [ ] Maintenance (elect) [ ] Technician (mech) [ ]  Technician (elect)

[ ]  Engineer (mech) [ ]  Engineer (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, BACKGROUND, AND EXPERIENCE LEVEL OF THE STUDENTS: (If unknown at this time please estimate)**

 Name Position Background Experience Level

1.

2.

3.

4.

5.

6.

7.

8.

9.

## Please use the following scale to complete the next few questions:

##  **L**- Low level knowledge or experience

##  **M**-Moderate level of knowledge or experience

##  **H-** High level of knowledge and experience

**Capabilities of control or governor: L** [ ]  **M** [ ]  **H** [ ]

 Are you aware with all of the functions of this particular product?

**Interface Options:** **L** [ ]  **M** [ ]  **H** [ ]

 How much experience do you have with the governor/control?

**Governor/ Control Application: L** [ ]  **M** [ ]  **H** [ ]

 Are you aware of all the facets in which the governor/control can be used?

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

**Please return this form to the attention of the Customer Training Coordinator upon completion: Thank you!**

**Attn: Customer Training Coordinator**

**\*Email : industrialsupport@woodward.com**