

### 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**

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| --- | --- | --- |
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**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:

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**­­­­­­­­­­­­**

**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**