

**TOWN OF MARKHAM  
BUILDING STANDARDS**

## Training Application

I am applying for:  Building Code Course  Health & Safety Course  Computer Course

Use this form to apply for courses listed in the *Building Inspection Course Calendar*. Complete this application form for *each* course you wish to take. Registration is on a "first come, first served" basis so **register early** to ensure your enrollment.

**Please note:**

⇒ Your participation will be confirmed 10 business days before the course. If a course is full, we will put you on a waiting list and notify you if a space becomes available. We will also notify you if the course is cancelled.

⇒ **The deadline for registration is 10 business days before a course begins.**

**TOWN OF MARKHAM EMPLOYEES**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Commission/Department/Unit: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date (s): \_\_\_\_\_

I am replacing \_\_\_\_\_ of \_\_\_\_\_ who is unable to attend.

Supervisor's Approval \_\_\_\_\_

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**FOR EXTERNAL APPLICANTS** (Minimum number of participants required 5+)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Occupation:  Builder  Contractor  Inspector  Other \_\_\_\_\_

Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name(s): \_\_\_\_\_

Course Date (s): \_\_\_\_\_ Special Needs: \_\_\_\_\_

\$100 Per 1/2 Day  \$175 Per Full Day (Includes Course Material)

I am replacing \_\_\_\_\_ of \_\_\_\_\_ who is unable to attend.  
(employee's name) (organization)

**Please return this form to: Building Inspections**

**101 Town Centre Boulevard, Markham, ON L3R 9W3**  
**Fax: 905-415-7501, Email: cdoyledimou@city.markham.on.ca**  
**Attention: Christina Doyle-Dimou**