



UXO TECH 1 PROGRAM

Approved and Regulated by the Colorado Department of Higher Education, Private Occupational School Board

“Global Training. Global Response. Local Impact.”

5609 Goldco Dr. Loveland, CO 80538

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Office: (970) 292-2030

Fax: (970) 692-8380

Co-Signer Agreement

Date: _____

As co-signer, by signing below, I affirm that I fully understand that I am responsible for all tuition payments agreed upon by the student for the UXO Tech 1/HAZWOPER programs, jointly and separately, along with said student. This payment is to be rendered if student has defaulted on payment for 60 days or more. Co-signer is to be notified of said student’s delinquency before payment is debited from co-signer’s account. It is further understood that I shall remain responsible for the entirety of the payment program until the balance is paid off.

Student Name: _____

Co-Signer Name: _____

Co-Signer Address: _____

Co-Signer Phone: _____

Co-Signer Email: _____

Co-Signer Signature: _____

Note: Co-Signer must also complete the “Release to Perform Credit Check” as well as provide a form of payment for the non-refundable \$10 fee that is associated with the credit check.