*A division of Front Range Training

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 www.UXOGlobal.com Office: (970) 292-2030 Fax: (970) 692-8380

Release to Perform Credit Check

I understand that UXO Global has available a payment plan for the UXO Tech 1/HAZWOPER programs and in order to be eligible to take part in this payment plan I must pass the criteria that have been established for credit history; therefore, I authorize UXO Global to obtain my credit history record prior to acceptance in the UXO Global's payment plan. I understand that this information may be used only for consideration in enrollment for the UXO Global's payment plan and may not be used for anything else.

Name (First, MI, Last): _____

Maiden Name (If applicable): _____

□ Student or □ Co-signer □ U.S. Citizen □ International

Full Address: _____
(Must be physical street address- cannot be PO Box)

Social Security #: _____ Date of Birth: _____

Date of class you would like to attend: _____

Phone Number: _____ Email:_____

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Desired Service: Credit Check _____

Signature of Applicant: _____Date: _____

Form of payment for associated $10 fee: Credit/Debit Card _____ Bank Account_____

Cashier's Check _____ Money Order _____ Personal Check _____

*If you're paying with a credit/debit card or out of a bank account please fill out the payment authorization form included in the online application packet.

For UXO Global Use Only

Date Credit Check Completed: _____

Credit Check Approved: _____

UXO Global Agent Signature: _____