



# 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

## Application Process

### Application Forms

To enroll & hold your spot in the class, everything outlined below (with the exception of the Physical and Drug Test results which can be sent in later) must be completed and submitted to the UXO Global administration office with a \$1,000 deposit.

You may fax, email or mail them to:

Fax: 970-692-8380  
Email: admissions@uxoglobal.com  
Mailing Address: UXO Global  
5609 Goldco Dr.  
Loveland, CO 80538

### 1. Application for Enrollment

All prospective students must fully complete the application for enrollment forms. Please clearly indicate the training session you would like to attend on the application. Classes often fill up early and students are accepted on a first come, first serve basis.

### 2. Applicant Letter for Admission

All prospective students must fully complete the Letter for Admission to the best of their knowledge. Any dishonesty will be subject to denial of acceptance into the course, rejection from the course, and/or other punishable measures.

### 3. Tuition

*A deposit of \$1,000 (which goes toward the balance of your tuition) is required with your application for enrollment to hold your seat in class. The remaining balance is due the Friday of the third week of the program.*

**Unexploded Ordnance Technician I: \$6,325.00** (includes all books and materials)

**HAZWOPER (is required to be a UXO Tech 1): \$550** (includes all books and materials)

This is taught concurrently with each UXO Tech program.



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*We do have a payment plan available if needed. If you are interested please contact UXO Global for more details.*

*Eligibility is generally determined based on the following factors:*

- *If there are still payment plans available for the chosen class (limited slots available per class).*
- *If your specific financial situation limits your ability to pay for the course.*
- *If your credit history meets our criteria. If it doesn't we do offer the option of using a co-signer.*

*We do, however, reserve the right to deny the payment plan for any reason.*

*If you have been approved to use the UXO Global **payment plan**, you must let us know at the time you register. Due to the fact that we have limited spaces available in each class for those wishing to utilize the plan, please do not use the payment plan unless you absolutely cannot fund the program any other way.*

## **4. Background Authorization Form**

All students must provide a **recent National Criminal Background** check (*no older than 30 days*). You may either have UXO Global run a background check for a non-refundable fee of \$25, or you may request one from your local police or sheriff's department. We have included a memorandum with the authorization form to give the department in order to request your records. They will need to forward the results directly to our office.

## **5. Releases, Indemnification, and Hold Harmless Agreement**

All students must initial on every page, sign the final page, and submit to the administration office prior to their acceptance into the training program.

## **6. Payment Authorization Form**

We accept payments in the form of cash, check (made out to UXO Global), money order, cashier's check and/or you may fill out the included Payment Authorization forms. This allows us to directly deduct the specified amount from your Checking Account and or your Credit/Debit card. You may use any of the above forms of payments for your deposit, background check, and tuition.

Please note that some credit/debit cards have a daily limit. Please check for a limit ahead of time before authorizing payments.

## **A fee of \$30 will be charged for any declined checking account payments or returned checks**

*If you are participating in the payment plan you may use any of the above payment forms for your deposit, background check, administrative fee and credit check fee. You must provide two forms of payment for your monthly payment plan fees to be automatically deducted from. One will be the primary form of payment and the second will be a backup form.*



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## **7. OSHA Physical**

You are required to pass an OSHA Physical prior to working as a UXO Tech 1. We do not require you to get the physical done before attending the course, however it is **highly** recommended.

For the OSHA Physical, in addition to the attached five pages of medical information that must be completed, the following 9 tests are also required:

**Vital Signs, Vision: Near and Far, Audiogram, a baseline Pulmonary Function Test (PFT), Electrocardiogram (EKG), Chest X-Ray (1View), Blood Chemistry Panel, CBC with Differential, U/A Dip.**

We recommend that the student pass the physical prior to attending the school to confirm the student is eligible to perform the needed duties of a UXO Tech 1, as well as, provide them with the needed paperwork to be employed immediately after graduation.

However, due to the fact that some (not all) employers will pay for the physical once you are hired, getting the physical prior to the course is optional.

If you choose to get the physical prior to attending the course please make sure to keep a copy for your own records.

If you choose not to get the physical you will be required to sign a Waiver of Liability confirming that you understand the risks and disadvantages of not getting the physical done prior to the course. If you get the physical after attending the class and do not pass, you will still be responsible for any additional monies owed (if any) to UXO Global.

Please note that you are not eligible to be a UXO Tech 1 if you are color blind.

## **8. Drug Screen**

You are required to submit results from a 9-panel drug screen. Please ensure that these results are **within 30 days of the start of the class**. If your doctor requires a written request to complete the drug test, please contact UXO Global and we will send the request to your doctor.

The drug screen must test for the 9 following panels: Cocaine Metabolites, Amphetamines (class), Barbiturates, Benzodiazepines, Marijuana Metabolite/Cannabinoids, Opiates, Phencyclidine (PCP), Propoxyphene/Metabolite, and Methadone.



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## Application for Enrollment Program: UXO Technician 1/HAZWOPER

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: (required) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date of UXO Tech 1 Class you plan on Attending: \_\_\_\_\_

### Tuition & Fees (check all that apply and total on last line):

*\*UXO Global offers a payment plan for those who are eligible and do not have other means of paying. If you are interested please contact UXO Global for more information.*

- UXO Tech 1**     **\$6,325** (includes the cost of all books) (Due by Friday of 3<sup>rd</sup> week)
- HAZWOPER**     **\$550** (includes the cost of all books) (Due by Friday of 3<sup>rd</sup> week)
- Background Check**     **\$25** (Non-refundable) (Due with deposit if you are having UXO Global run it)

**Total Tuition and Fee(s) Amount:**     \$ \_\_\_\_\_

*Note: A deposit of \$1,000.00 is due with your application for enrollment. The remaining balance is due the third Friday of class unless you have been approved to participate in the Payment Plan.*

Method of Payment for deposit:     Credit/Debit Card \_\_\_\_\_     Bank Account \_\_\_\_\_

Cashier's Check \_\_\_\_\_     Money Order \_\_\_\_\_     Personal Check \_\_\_\_\_



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## Course Payment Terms

Having registered with UXO Global Unexploded Ordnance (UXO) Tech 1/HAZWOPER program for the purpose of attending training provided by them, the student agrees to the following:

- Students shall incur all costs for medical screening examinations, drug screens, and law enforcement background checks.
- Students shall incur all costs for transportation, lodging, and meals while attending the course.
- UXO Global will make every effort to assist students with job placement; however, we cannot guarantee that every student who graduates from UXO Program will find employment.
- The student will be responsible for the total payment amount stated on the first page of the Application for Enrollment (unless participating in the payment program).

## Postponement of Course Start Date by UXO Global

If UXO Global needs to postpone the start date of the class, for any reason, the following will take place:

1. UXO Global will send written notice of postponement, via email, no less than two weeks prior to the start of class.
2. UXO Global will make every effort to contact individual students by phone to ensure said notification has been received.
3. UXO Global will move all students registered in the postponed class, to the next or new class.

If the course is not commenced, or the student is unable to attend the course's new start date set forth in the notification, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the of the new start date set forth in the notification, in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981.

## Postponement of Course Start Date by a Student

If a Student needs to postpone for the current enrolled class, to one at a later date, they must:

- Submit the Postponement Form to the Admissions Office no less than two weeks prior to the start of class.

*If the student postpones their start date within two weeks of the start of the course they will be charged a one-time fee of \$100.*

## Cancellations/Refunds

All cancellations must be submitted in writing (via letter or email). Students not accepted to the school are entitled to all tuition paid (not including any non-refundable fees). Reasons to not be accepted



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include not passing the background check or credit check criteria. Not passing the OSHA physical or drug tests do not qualify as students not being accepted in to the school.

Students who cancel this contract by notifying the school in writing within three (3) business days of sending in their deposit are entitled to a full refund of all tuition paid. Students, who withdraw after three (3) business days of sending in their deposit, but outside of 30 days before the commencement of classes, are entitled to a full refund of all tuition paid except the maximum cancellation charge of \$150.00 or 25% of the contract price, whichever is less. Students who withdraw within 30 days before the commencement of the class are entitled to a full refund of all tuition paid except the maximum cancellation charge of \$300 or 30% of the contract price, whichever is less.

In the case of students withdrawing after commencement of classes, the school will retain a cancellation charge plus a percentage of tuition owed, which is based on the percentage of contact hours attended as described in the table below. The refund is based on the last date of recorded attendance.

## **Refund Table**

<b>Student is entitled to upon withdrawal/termination</b>	<b>Refund</b>
Within first 10% of program (Training Days 1 - 2)	90% of full tuition owed less the cancellation charge*
After 10% but within first 25% of program (Training Days 3 – 5)	75% of full tuition owed less the cancellation charge*
After 25% but within first 50% of program Training Days 6 – 10)	50% of full tuition owed less the cancellation charge*
After 50% but within first 75% of program (Training Days 11 – 15)	25% of full tuition owed less the cancellation charge*
After 75% (Training Day 16) [if paid in full, cancellation charge is not applicable]	NO Refund

\*You may owe more than you have already paid to meet the portion of the full tuition owed pertaining to the refund table. (Due on Receipt)

1. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
  - a. The date on which the school **receives written notice** of the student’s intention to discontinue the training program; or
  - b. The date on which the student violates published school policy, which provides for termination; or



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- c. If a student is on an extended leave then the school must use the termination date of the expected return date if the student does not return OR if the school is made aware prior to that date that the student will not return, that earlier date must be used to benefit the student.
2. The student will receive a full refund of tuition paid (not including any non-refundable fees) if the school discontinues a program/Stand Alone course within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
3. The policy for granting credit for previous training shall not impact the refund policy.

## Complaints

Complaints may be brought to the attention of the faculty at any time. The student is encouraged to address issues and complaints to the Lead Instructor but may contact any of the faculty members with complaints. Although verbal complaints are accepted, written complaints are preferred and may be required based on circumstances.

Kevin Cooper: Program/ Training Director  
C.E. “Skip” Sowards: UXO Program Manager/ Lead Instructor  
Isabel Jackson: Admissions Officer  
Cindy Cooper: Student Services

Complaints which cannot be resolved by direct negotiation between the student and the school, may be filed online with the Division of Private Occupational Schools of Colorado Department of Higher Education, at [www.highered.colorado.gov/dpos](http://www.highered.colorado.gov/dpos) or by calling 303-866-2723. All student complaints submitted to the Division must be in writing and shall be filed within two years after the student discontinues training at the school.

By signing below, the student agrees to pay UXO Global the total stated tuition and fees and fully understands and agrees to all terms and conditions contained within the Application for Enrollment. UXO Global agrees to provide the occupational training in accordance with the provisions of the school’s current Catalog Volume. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met, the school will award the earned certificate(s) to the student. The student and school understand that this Enrollment Agreement, which includes the refund, cancellation and transfer policies of the school, may not be amended except in writing and signed by both parties.



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**By affixing his or her signature below the students affirms that he or she has received both a digital and/or printed copy of this enrollment agreement and a copy of the catalog.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
UXO Global Agent

\_\_\_\_\_  
Date



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## Applicant Letter for Admission

I, \_\_\_\_\_ (“Student”), attest that as an applicant for admission to the UXO Global Unexploded Ordnance Technician Level - I Course, I have met the following requirements and answered all questions truthfully:

Yes/True No/False

1	I am at least 18 years of age.		
2	I have <b>not</b> been convicted of any violent crime or felony within the last ten years and I have disclosed all felony convictions outside of that time period.		
3	I am <b>not</b> under indictment for any criminal offense.		
4	I am <b>not</b> prohibited by law from possessing or handling explosives.		
5	Are you a fugitive from justice?		
6	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance (as defined in §102 of the Controlled Substance Act (21 U.S.C. 802)).		
7	Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?		
8	Are you under indictment or information in any court for a <b>felony</b> , or any crime, for which the judge could have imprisoned you for more than one year? (Any information is a formal accusation of a crime by a prosecutor.)		
9	Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year? (If "yes", attach an explanatory statement showing date of conviction, court in which convicted, and court in which appeal is pending.)		
10	Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?		
11	Have you ever been discharged from the Armed Forces under dishonorable conditions?		

By signing below I certify that the above is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
UXO Global Agent

\_\_\_\_\_  
Date



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## Release for National Criminal Background Check

I understand that the Unexploded Ordnance (UXO) Technician Level I and HAZWOPER courses have been designated as security sensitive; therefore I authorize UXO Global to obtain my criminal history record prior to acceptance in the class. I further agree that, if necessary, I may have to submit my fingerprints to further verify information. I understand that this information may be used only for consideration in enrollment for the Unexploded Ordnance Technician Level I and or HAZWOPER courses and may not be used for anything else.

Full Name (First, MI, Last): \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

U.S. Citizen     International

Date of class you would like to attend: \_\_\_\_\_

Full Address: \_\_\_\_\_  
(must be a physical street address, **not PO Box**)

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Important: List all cities and states in which you have resided for the previous 10 years:**

\_\_\_\_\_

*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:   National Background Check  

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Form of payment for associated \$25 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.



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RE: Request for Law Enforcement National Criminal Background Check

TO: Chief of Police or Sheriff

The individual requesting this background check is applying for admission to a course of training that will allow him/her access to explosives and initiating devices. This individual will be using explosives during the course of training, as well as, throughout the duration of their job. ATF and the State of Colorado require that all persons handling explosives must have a criminal background check completed. I am requesting a check of **national law enforcement records** be made to assist in determining this individual's trustworthiness in handling explosives.

I request the results of this background check be forwarded in a sealed envelope, to the following address:

Front Range Training & Consulting  
Attn: UXO Global  
5609 Goldco Dr. Loveland, CO 80538

Thank you for your assistance in this matter.

Respectfully,  
D. Kevin Cooper  
Director of UXO Global  
[Admissions@UXOGlobal.com](mailto:Admissions@UXOGlobal.com)

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## **Release, Indemnification, Hold Harmless Agreement, and Covenant Not to Sue**

This Agreement is effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between

\_\_\_\_\_ (“Student”) and UXO Global. WHEREAS, Student has requested UXO Global to provide certain training which involves the handling of ultra-hazardous materials, as more particularly described below; and WHEREAS, UXO Global has agreed to provide such training to Student, but only on certain terms and conditions including, but without limitation, Student’s agreement to the provisions set forth in this agreement.

IN CONSIDERATION of the mutual premises set forth below, the parties agree as follows:

1. Student has specifically requested UXO Global provide certain training to Student in the detection, location, handling, use, transportation, and disposal of ultra-hazardous materials including, without limitation, explosives, high explosives, toxic and highly toxic chemicals, hazardous substances, and other materials which, by their nature and intended use, are designed to poison, maim, or kill living things, including plants, animals, and human beings, and which Student acknowledges could have the same effect on Student and/or other participants in the Training activities conducted by UXO Global. Student acknowledges and understands that in the course of such Training, Student and others will be exposed to and handle such materials, that Student will therefore be exposed to and may suffer the harm and personal injury which can be caused by the Materials, including, without limitation, poisoning, maiming, and death. Student acknowledges and understands the ultra-hazardous nature of both the Training and the Materials involved in the Training and the job the Student is Training for, and recognizes that in the course of such Training events may occur, whether caused by Student or by others, which may result in significant permanent personal injury, bodily harm, and/or death to Student and to other students undertaking UXO Global’s program either during the course of the Training or in the future arising as a result of Student’s undertaking the Training.
2. Recognizing and understanding the risks described in Paragraph 1 above, Student specifically and knowingly assumes such risks, including the risks of suffering any or all of the potential harm or injuries described in Paragraph 1 and, understanding, knowing, and acknowledging the potential consequences described in Paragraph 1 which may occur during the course of the Training or which may not become apparent until sometime in the future, Student nevertheless requests UXO Global provide the Training.



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3. As partial consideration for the provision of the Training by UXO Global, and acknowledging the assumption of risk by Student, Student indemnifies and holds UXO Global, the State of Colorado Department of Higher Education, the Colorado State University Department of Continuing Education, Fort Collins, its educational and/or training partners, and their respective officers, employees, directors, shareholders, agents, representatives, independent contractors, heirs, successors, and assigns, harmless of and from any and all manner of actions, causes of actions, suits, debts, sums of money, accounts, reckonings, promises, covenants, contracts, agreements, damages, claims, obligations, liabilities, and demands whatsoever, known and unknown, existing now or arising in the future, in law, equity, or otherwise, which may be asserted against UXO Global by Student, its personal representatives, family members, guardians, conservators, heirs, executors, or assigns against UXO Global arising out of or in any way connected with Student’s relationship with UXO Global including, without limitation, the Training.
4. UXO Global acknowledges and asserts that a specific condition precedent to undertaking any training activities with Student is Student’s execution of this Indemnification and Hold Harmless Agreement. While the execution of this Indemnification and Hold Harmless Agreement is only partial consideration for providing the Training, it is nevertheless a mandatory consideration without which the Training would not be provided to Student.
5. As further consideration for the provision of the Training, which Training would not be provided absent this provision, Student for itself and for its personal representatives, family members, guardians, conservators, heirs, executors, and assigns, covenants with UXO Global and its educational and/or training partners, and their respective officers, employees, directors, shareholders, agents, representatives, independent contractors, successors, and assigns, that Student shall refrain suing or prosecuting UXO Global or its educational and/or training partners and their respective officers, employees, directors, shareholders, agents, representatives, independent contractors, heirs, successors, or assigns for any claim or demand for personal injuries, death, or injuries to property caused by, arising out of, or in any way related to the Training. It is understood and agreed that the provision of the Training is accepted as full and adequate consideration of the grant of the covenant recited herein. By undertaking the Training, Student acknowledges the effect of this covenant.
6. The provisions of this Agreement are severable. To the extent any provision hereof is void, invalid, unenforceable, or violates public policy, the remaining provisions shall nevertheless remain in full force and effect.
7. The sole and exclusive venue for the resolution of any dispute arising pursuant to this Agreement shall be a court of competent jurisdiction located in Larimer County, Colorado.



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8. I authorize UXO Global and its employees to use any photographs and videos taken for purposes related to the educational mission of the school, including publicity, marketing, and promotions. I understand that my photos and video may be used by means of various media, including video presentations, websites, billboards, signs, news bulletins, or newspapers.

9. I Do \_\_\_\_\_/Don't \_\_\_\_\_ authorize UXO Global and its employees to release my personal information: including name, address, phone numbers, email address, and resume to any company that has opportunities available in the UXO field or HAZWOPER.

\_\_\_\_\_ Enrollee Initials as to Paragraph 9

10. Student is advised that this document affects Student's legal rights, and Student is hereby advised that Student has a right to have this Release, Indemnification, and Hold Harmless Agreement and Covenant not to Sue reviewed by counsel for Student. By signing below, Student acknowledges that Student has either waived this right to have counsel for Student review this document, or has had counsel review this document and, in either event, understands and accepts the full force and effect of its contents.

\_\_\_\_\_ Enrollee Initials as to Paragraph 10

11. I authorize UXO Global (including its related entities) to use photographs or videos of me and from the UXO Global Tech 1 and HAZWOPER courses for educational or promotional purposes in any type of media, including its website. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

\_\_\_\_\_ Enrollee Initials as to Paragraph 11

Enrollee, the undersigned, has read this Release, Indemnification, and Hold Harmless Agreement and Covenant not to Sue, understands all of its terms, and executes it voluntarily and with full knowledge of its contents, significance, and effect.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
UXO Global Agent

\_\_\_\_\_  
Date



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## Payment Authorization Form

### Credit/Debit Card Charge Authorization

I hereby authorize **UXO Global** to initiate authorized entries to my credit/debit accounts listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until UXO Global is notified by me in writing to cancel it in such time as to afford the UXO Global and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Primary Form of Payment **OR**  Backup Form of Payment

Credit Card Type:  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that some credit/debit cards have daily limits. Please check ahead of time before authorizing payments.

### Please check charges to be applied now to this form of payment (if any):

\$1,000 Deposit (Due upfront to hold seat in class)  \$25 Background Check Fee (non-refundable)

Other \$ \_\_\_\_\_ Please note reason: \_\_\_\_\_

Remaining Tuition Balance (Due by Friday of 3<sup>rd</sup> week of class)

**The remaining tuition balance exceeding the \$1,000 deposit will not be charged until class has begun unless the student requests in writing otherwise.**

*Please only fill out the below portion if you've been approved to participate in the payment program:*

\$10 Credit Check fee (non-refundable)  \$10 Co-Signers Credit Check fee (non-refundable) (only needed if requested)

\$800 Administrative Fee (Due Monday of 3<sup>rd</sup> week of class)

**Payment Plan Monthly Payments** (Will not be charged until payments are scheduled to start)

Only the credit check fees will be charged prior to the start of class unless the student requests in writing otherwise.

**If participating in payment program two forms of payments must be provided**



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5609 Goldco Dr. Loveland, CO 80538

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Fax: (970) 692-8380

## Payment Authorization Form

### Checking Account Authorization

I (We) hereby authorize **UXO Global** to initiate authorized entries to my (our) checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until UXO Global is notified by me (us) in writing to cancel it in such time as to afford the UXO Global and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**Please note that you must provide a copy of a voided check to comply with federal banking rules.**

**A \$30 fee will be charged for any declined checking account charges.** If a checking account charge is declined, the total amount and any additional fees are to be paid within two weeks by another form of payment. After the second check is returned, we will no longer accept a check/ACH for a form of payment and your account will be alerted.

Primary Form of Payment **OR**  Backup Form of Payment (for payment plan payments)

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ABA Transit Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_  
(First 9 numbers on bottom left of check)

Name on Account PLEASE PRINT \_\_\_\_\_ Second Name (if Joint Account) PLEASE PRINT \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

### Please check charges to be applied now to this form of payment (if any):

\$1,000 Deposit (Due upfront to hold seat in class)  \$25 Background Check Fee (non-refundable)

Other \$ \_\_\_\_\_ Please note reason: \_\_\_\_\_

Remaining Tuition Balance (Due by Friday of 3<sup>rd</sup> week of class)

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## OSHA Physical Process

You are required to pass an OSHA Physical prior to working as a UXO Tech 1. We do not require you to get the physical done before attending the course, however it is **highly** recommended.

We recommend that the student pass the physical prior to attending the school to confirm the student is eligible to perform the needed duties of a UXO Tech 1, as well as provide them with the needed paperwork to be employed immediately after graduation.

However, due to the fact that some (not all) employers will pay for the physical once you are hired, getting the physical prior to the course is optional.

If you choose not to get the physical you will be required to sign a Waiver of Liability confirming that you understand the risks and disadvantages of not getting the physical done prior to the course. If you get the physical after attending the class and do not pass, you will still be responsible for any additional monies owed (if any) to UXO Global.

Please note that you are not eligible to be a UXO Tech 1 if you are color blind.

All costs associated with the physical are the student's responsibility.

The physical must be completed within 90 days of the class start date.

- Make sure the doctor is able to complete the nine tests listed below (or able to set them up for you to take elsewhere):
  1. Vital Signs
  2. Vision: Near and Far
  3. Audiogram
  4. A baseline Pulmonary Function Test (PFT)
  5. Electrocardiogram (EKG)
  6. Chest X-Ray (1View)
  7. Blood Chemistry Panel
  8. CBC with Differential
  9. U/A Dip
- Please bring the attached 5 pages to your physical with you (to be filled out by you and your examining doctor).
- Please fax or mail in your results once you've received them (as long as we receive them before the start of class).

## Examining Physician's Statement

Patient's Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of the Exam: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

### Opinion of Risk and Medical Clearance for Hazardous Waste Operations

I have reviewed the employee's occupational and medical history and the results of the physical examination and laboratory tests. I certify that this individual has undergone a physical examination in accordance with OSHA standards 29 CFR 1910.120, and the student: *(Check appropriate opinion.)*

- has no medical condition that would place the individual at increased risk from the known job duties when they are conducted with adequate training and implementation of a health and safety plan.
- has a medical condition that would place the individual at increased risk health impairment from the known duties or exposures to of the job.
- has been deferred, pending further evaluation.

### Medical Clearance for Respirator Use

Based upon the results of the examination referenced above, I certify that this individual has been evaluated in accordance with OSHA standard 29 CFR 1910.134 and: *(Check appropriate opinion.)*

- is medically qualified to use properly fitted respiratory protection equipment when required.
- is not medically qualified to use respirator protection equipment when required.

### Comments/Recommendations/Restrictions

As a result of the physical examination and laboratory analyses conducted for the above listed employee, the following comments, recommendations, and/or restrictions have been determined to be necessary. *(If needed attached additional pages)*

### Employee Notification

This individual has been informed of the results of this medical examination. Detected medical conditions which require additional examinations or treatment have been explained and applicable follow-up recommended

Name of the Medical Center/Group: \_\_\_\_\_

Address of Medical Center/Group: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Medical Center/Group: \_\_\_\_\_

Physicians Name (Type or Print): \_\_\_\_\_

Signature of **Examining Physician** *(not nurse)* \_\_\_\_\_ Date: \_\_\_\_\_



## Pre-Employment History and Physical Form

### Personal Data

Name (Last, First, MI):			SSN:		
Date of Birth:     /     /     Age:		Ethnicity:			
Phone Numbers:	Home (     )     -	Mobile (     )     -	Work (     )     -		
Address:					
(street)		(city)	(state)	(zip)	
Job Title & Department:			Union: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		

### Current Medical Provider

Name of doctor:			Phone Number: (     )     -		
Address:					
(street)		(city)	(state)	(zip)	

### Prior Employment Start with most recent job

	Job Title	Employer/City/State	Dates of employment (mo/yr)
1			/     to     /
2			/     to     /
3			/     to     /
4			/     to     /

### Review of Symptoms

Do you have any of the following?:	Yes	No	Do you have any of the following?:	Yes	No
Weight loss / Weight gain (circle)			Palpitations or skipped beats		
Fevers			Chest pain or tightness		
Headaches			Indigestion/heartburn		
Difficulty with vision / Wear lenses or glasses			Abdominal pain		
Dizziness / Vertigo			Diarrhea/constipation		
Difficulty hearing			Irregular periods		
Seasonal allergies			Frequent urinary tract infections		
Sinus problems			Kidney stones		
Tiredness or falling asleep during the day			Back pain		
Unable to tolerate heat or cold			Joint pain or swelling		
Shortness of breath with or without exertion			A history of broken bones		
Wheezing			Swelling of the legs		
Cough			Skin problems (rash, eczema, psoriasis)		

### Vaccination History/Communicable Diseases

Have you had:	Yes	No	Unsure
The standard series of childhood vaccinations (to the best of your knowledge)?			
The disease "chicken pox" or the chicken pox vaccine (varicella)?			
A tetanus/diphtheria booster shot within the last 10 years?			
Hepatitis B vaccination (this is a series of three injections spaced several months apart)?			
The disease "Tuberculosis"?			
A positive tuberculosis test (also called a PPD or Tine test)?			
Vaccination against tuberculosis with BCG (this is uncommon in the United States)?			

**Have you ever had:**  a car accident  loss of consciousness  heart attack  loss of vision  abnormal heart rhythm  
 seizure  panic attacks  head injury  stroke  paralysis  back injury  psychiatric disorder

**Current Medical Conditions** Those that you are currently experiencing and/or receiving treatment for (such as diabetes, high blood pressure, migraine)

Please List		Date of onset (mo/yr)	Please List		Date of onset (mo/yr)
1		/	5		/
2		/	6		/
3		/	7		/
4		/	8		/

**Past Medical Conditions** Those that you have had in the past but have recovered from (such as childhood asthma, gestational diabetes)

Please List		Date of onset (mo/yr)	Please List		Date of onset (mo/yr)
1		/	3		/
2		/	4		/

**Surgeries/Hospitalizations** List type of surgery (such as gall bladder) or condition for which you were hospitalized (such as heart attack, pneumonia)

Please List		Date (mo/yr)	Please List		Date (mo/yr)
1		/	4		/
2		/	5		/
3		/	6		/

**When was your last visit to the emergency room? \_\_\_\_\_ For what symptom/condition? \_\_\_\_\_**

**Family History** Please list any conditions that run in your biological family (even if relative is deceased)

Please List		Circle affected relative	Please List		Circle affected relative
1		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather	4		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather
2		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather	5		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather
3		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather	6		Father / Mother / Sister / Brother / Child / Grandmother / Grandfather

**Medications** Please include non-prescription medications, vitamins, and herbal supplements in addition to prescription medications

1		4		7	
2		5		8	
3		6		9	

**Do you have any allergies to medications or other substances?**  Yes  No (if yes, please specify on next line)

**Social History**

Do you smoke cigarettes? <input type="checkbox"/> yes / <input type="checkbox"/> no / <input type="checkbox"/> used to smoke, but quit		If yes, how many cigarettes per day? _____ Per week? _____	
How many alcoholic drinks do you consume per day? _____ Per week? _____		Do you use illicit/illegal drugs? <input type="checkbox"/> yes / <input type="checkbox"/> no	
How many minutes of exercise do you get per day? _____		How many days a week do you exercise? _____	
How many hours of television do you watch per day? _____		How many times do you eat fast food per week? _____	



**Physical Examination**

Height	Weight	BMI	Blood Pressure	Pulse	Respirations	Temperature

Vision:                   Uncorrected / Corrected (circle): OD - \_\_\_/\_\_\_ OS - \_\_\_/\_\_\_ OU - \_\_\_/\_\_\_

HEENT: \_\_\_\_\_

Neck: \_\_\_\_\_

Chest/Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Neurological: \_\_\_\_\_

Skin: \_\_\_\_\_

Other:                   Peak Flow Results: \_\_\_\_\_  
\_\_\_\_\_

Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## OSHA Physical Waiver of Liability

(Only required for students who are NOT getting a OSHA Physical)

You are required to pass an OSHA Physical prior to working as a UXO Tech 1. We do not require you to get the physical done before attending the course, however it is **highly** recommended.

We recommend that the student pass the physical prior to attending the school to confirm they are eligible to perform the needed duties of a UXO Tech 1, as well as provide them with the needed paperwork to be employed immediately after graduation.

However, due to the fact that some (not all) employers will pay for the physical once you are hired, getting the physical prior to the course is optional.

Please note that you are not eligible to be a UXO Tech 1 if you are color blind. All costs associated with the physical are the student’s responsibility.

**By signing below I confirm that I have been advised and encouraged to complete the OSHA physical prior to attending the course, and have been informed and understand the risks and disadvantages of not getting the physical done beforehand.**

**I also concede that if I get the physical after attending the class and do not pass, I will still be responsible for any additional monies owed (if any) to UXO Global. Additionally, I exclude UXO Global from any liability for my inability to work if I do not pass the OSHA physical.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
UXO Global Agent

\_\_\_\_\_  
Date



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## Authorization for VA Certification (Only for required for students using VA Benefits)

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of the Program you are attending: \_\_\_\_\_

Which Certificate Programs are you enrolling in?

- UXO Tech 1**
- HAZWOPER**

Have you applied for VA Education Benefits (Form 22-1990)? \_\_\_\_\_  
If so, VONAPP Confirmation # \_\_\_\_\_

*If you have already received your Award Letter or Certificate of Eligibility please send it in with your Application Packet. If you have not, please send it in when you receive it.*

Have you previously used your benefits at another school? \_\_\_\_\_  
If yes, have applied to switch schools using the Change Program/Place of Training (Form 22-1995)? \_\_\_\_\_

*If so print out a copy of your Change Program/Place of Training (Form 22-1995) and send it in with you Application Packet.*

### VA Chapter Number (Check one)

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| Chapter 33 (Post 9/11) _____ %= _____ | Chapter 1606 (NTL GRD/RESERVES) _____ |
| Chapter 30 (Montgomery GI Bill) _____ | Chapter 1607 (REAP) _____             |
| Chapter 31 (VOC Rehab) _____          | Chapter 35 (Dependents) _____         |
| Chapter 34 (Vietnam GI Bill) _____    | Claim # (Dependents only) _____       |



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### Please Read and Sign the Following

- Any changes in enrollment, cancelation/postponement from the program, must be reported to Isabel within 1 week. Failure to do so may incur a debt on your behalf.
- Isabel, as the Certifying Official at UXO Global, is here to certify and advise Veteran Students. She does not work for the Veteran Administration (VA) nor does she have access to any VA files. She cannot guarantee whether you will receive benefits or when those benefits will arrive.
- If you dropping or withdrawing from the program, your entitlement could change effective from the first date of class, not from the actual drop or withdraw date. This may incur a debt on your behalf.
- **I understand that I am responsible for all Tuition & Fee's, as listed in the Application for Enrollment, which the VA does not cover.**
- I understand the Refund Policy, as defined in the Application Packet, and that withdrawing from the program, may result in an overpayment by the VA. This may result in you owing monies to both the VA and UXO Global.

I have read and understand the information provided on this form and the information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
UXO Global Agent

\_\_\_\_\_  
Date



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## Area Hotels Names and Numbers

### Value Place\*\*

3915 Peralta Dr.  
Loveland, CO 80538  
(970) 461-0011  
[www.valueplace.com](http://www.valueplace.com)

### Fireside RV Park & Cabins\*\*

6850 W US Highway 34  
Loveland, CO 80537-9400  
(970) 667-2903  
[www.firesidervparkandcabins.com](http://www.firesidervparkandcabins.com)

### Candlewood Suites Loveland

6046 E. Crossroads Blvd., Loveland CO  
80538  
(970)667.5444  
[www.candlewoodsuites.com/lovelandco](http://www.candlewoodsuites.com/lovelandco)

### Best Western Crossroads Inn & Conference Center

5542 E. US Highway 34, Loveland, CO  
(970) 667-7810  
[www.bwloveland.com](http://www.bwloveland.com)

### Comfort Inn Loveland

1500 N. Cheyenne Ave, Loveland, CO  
(970) 593-0100  
[www.comfortinn.com](http://www.comfortinn.com)

### La Quinta Inn-Loveland

1450 Cascade Ave, Loveland, CO  
(970) 622-8600  
[www.lq.com](http://www.lq.com)

### Hampton Inn Loveland

5500 Stone Creek Circle, Loveland, CO  
(970) 593-1400  
[www.hamptoninn.com](http://www.hamptoninn.com)

### Quality Inn Loveland

1639 E. Eisenhower Blvd., Loveland, CO  
(970) 635-9500  
[www.qualityinn.com](http://www.qualityinn.com)

### Fairfield Inn & Suites Fort Collins Loveland

1710 Foxtrail Drive, Loveland, CO  
(970) 461-1000  
[www.marriott.com](http://www.marriott.com)

### Super 8 Loveland

1655 E. Eisenhower Blvd., Loveland, CO  
(970) 663-7000  
[www.super8.com](http://www.super8.com)

### Residence Inn Loveland

5450 McWhinney Blvd, Loveland, CO  
(970) 622-7000  
[www.marriott.com](http://www.marriott.com)

**\*\*A majority of our students stay at these two locations**