



FireNET Network Training Registration Form

Date _____ Training Start Date _____

Name _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Cell Number _____

E-Mail Address _____

Upon successful completion of this training course (final score of 70% or higher), you will be awarded a certificate and personal identification number (PIN). Your PIN will be required when calling for FireNET technical support, and will allow you access to other valuable technical information. Your certification as a Hochiki America Corporation FireNET factory trained technician will be effective for three years (two years for technicians who receive certified training outside the factory) from the date of this class, and will be noted on your certificate. Please note that your certification will expire immediately should you no longer be employed by the above authorized Hochiki America dealer. At the end of the certification period, FireNET certification may be renewed at Hochiki America Corporation's discretion, or by completion of a re-certification course.

Only individuals trained and certified by Hochiki America Corporation are authorized to perform work on FireNET systems and such authorization can only be issued, revoked or renewed by Hochiki America Corporation. If you are currently not an employee of Hochiki America Corporation, or a registered dealer or distributor you are not authorized to attend this course or use any of its training materials. The failure to maintain current certification, or to follow factory guidelines for installation, programming, repair, service or maintenance of Hochiki America fire alarm products are grounds for revocation of your certification.

I also understand that intellectual property of Hochiki America as well as its products will be discussed in this training class, and in consideration of accepting this training, I agree to keep such information including training manuals, computer programs, access codes, price lists, technical bulletins, et al discussed or distributed by Hochiki America Corporation confidential. I also, agree to hold, harmless and indemnify, Hochiki America Corporation for any failure on my part to properly execute such training as I have received.

Signature _____

Internal Use Only –
Class Location and Dates - _____ Instructor - _____

Technician PIN - _____ Certificate Number - _____

Other - _____