



Training Quick Form For Light Brigade Training Courses

Please return to your AFL rep or email to training@lightbrigade.com

Name _____
Title _____
Phone _____

Company _____
Email _____

Is anyone in your organization involved in the following – as it relates to fiber optics? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Product or Service Sales or Support | <input type="checkbox"/> Network Planning |
| <input type="checkbox"/> Ordering Materials for Installations | <input type="checkbox"/> Testing Fiber Links |
| <input type="checkbox"/> Design of Fiber Networks | <input type="checkbox"/> Troubleshooting Networks |
| <input type="checkbox"/> Managing Installation / Field Staff | <input type="checkbox"/> Planning or Performing Emergency Restoration |
| <input type="checkbox"/> Installation of Optical Cables or Components | <input type="checkbox"/> Splicing and Repair of Fiber Optic Cables |
| <input type="checkbox"/> Quality Control | <input type="checkbox"/> Other: _____ |

Do you have any formal training for employees? Yes No

 If yes, do you have fiber optic related training? Yes No

Do you need staff trained for specific knowledge or skills? Yes No

If yes, please specify: _____

