



Course Acknowledgement Form

By my signature below, I certify that I have read:

Los Alamos National Laboratory's
**Environmental Management System (EMS) Awareness for
Workers Training,**
Revision I,
November of 2004.

Z #: _____

Printed Name: _____

Signature: _____

Date: _____

Phone: _____

Please return this form to the EMS registrar by either:

Fax: (505) 606 - 0503
Or mail to: EMS Registrar
PO Box 1663
MS M992
Los Alamos, NM 87545