



REQUEST FOR CUSTOM TRAINING COURSE

Thank you for your interest in a customized Woodward training class provided by Peaker Services, Inc.. This information sheet will enable us to better design and quote a course specific to your application and requirements.

Company:	<u>Date:</u>						
Company Address (Street):	<u>(Ci</u>	ity):	<u>(State):</u> (Zi	<u>p):</u>			
Contact Name:	Contact Phone Number:	-	<u>E-mail Address:</u>				
APPLICATION: (Type of Prime	Mover)						
Diesel Engine Gas Engine Other Please describe	: 🗌 Gas Turbine 🗌 Steam	Turbine 🗌] Hydraulic Turbine				
Prime Mover Manufacturer and Model:							
Woodward Product Name	Woodward Part Nur	<u>nber</u>	Woodward Serial Number	<u>r</u>			
Application of Prime Mover:							
 Generator drive Locomotive Stand-alone generator Islanded system load sharing Other 	 ☐ Mechanical driv ☐ Marine ☐ Compressor ☐ Pump 	e Line shaft pressor Tied to the grid only					
Please describe your application and operation of your system							
TYPE OF TRAINING:							
□ Theoretical □ Light □ Hands-on □ Light		Heavy Heavy					
Please describe the objectives a	nd goals you want to accon	nplish with	this training.				





Training Location Preference:

On-Site Site Name and Location: ____ Nearest Airport:
 Peaker Services, Inc. (Brighton, MI ____ or New Castle, DE ____)
 Other (customer site)
 Quote for both training on-site and at Peaker Services, Inc. (Please fill out site name and location)

Training Date

Do you have a specific time frame in which you would like the training?
Yes No

1st choice dates

2nd choice dates

3rd choice dates

Peaker Services, Inc. will make a recommendation on how many days the class should be. If you have any limitations, please indicate them here.

Dates will be determined upon acceptance of the quotation and arrangement of payment.

STUDENT INFORMATION:

Number and background of the participants:

1 class (3-4 people)	1 class (5-8 people)
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more than 1 class (> 8 people)

Do you have more than one group to train? Yes No If so, how many groups? Number of people per group:

NOTE: We recommend no more than eight for classroom training and no more than six for hands-on training!

Do you want the training to be split for different experience levels?
Yes
No

If so, please specify the different knowledge levels present. (i.e. operators, maintenance, technicians, etc.)

Óperator ☐ Maintenance (mech) ☐ Maintenance (elect) ☐ Technician (mech) ☐ Technician (elect)
 ☐ Engineer (mech) ☐ Engineer (elect) ☐ Manager/Supervisor ☐ Other Describe:

Is this a new system you are requesting training for? Yes No Do you have other Woodward controls/products? Yes No If so, please list them:





<u>NAME, BACKGROUND, AND EXPERIENCE LEVEL OF THE STUDENTS:</u> (If unknown at this time please estimate)

Name	Position	Background	Experience
Level			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please use the following scale to complete the next few questions:
L- Low level knowledge or experience
M-Moderate level of knowledge or experience
H- High level of knowledge and experience

Capabilities of control or governor: L 🗌 M 🗌 H 🗌

Are you aware with all of the functions of this particular product?

Interface Options: L 🗌 M 🗌 H 🗌

How much experience do you have with the governor/control?

Governor/ Control Application: L 🗌 M 🗌 H 🗌

Are you aware of all the facets in which the governor/control can be used?

THANK YOU FOR YOUR TIME IN HELPING US TO DESIGN THE MOST EFFECTIVE CUSTOM TRAINING COURSE FOR YOU!

Please return this form to the attention of the Customer Training Coordinator upon completion: Thank you!

Attn: Customer Training Coordinator *Email : Training@peaker.com