



## SAPAA FAX ORDER FORM BAT and STT Training



v080708

**Web Based Training Courses** FAX Order Form to Fax# 775-871-8538

	<u>Quantity</u>	<u>Price Each</u>	<u>Total Price</u>
Note: One Password needed per individual. Price includes Password to complete Course, Final On-Line Exam, Printable Certificate and Continuing Ed Hours. An automated email is sent to SAPAA & Training Administrator upon completion.			
<b>Breath Alcohol Technician, BAT New (DOT-Approved)</b> (Meets DOT requirements for Qualification Training. Includes Web Training Password, Videoclip Scenarios, Printable Documents including BAT Student Manual, On Line Final Exam, Printable 5-Year Certificate, 3-6 CEEds.  <span style="background-color: yellow;">EBT Device training and Hands-On Proficiencies ordered separately.)</span>	New _____  Refr _____	\$119.00	
<b>Alcohol Screening Test Technician, STT (DOT-Approved)</b> (Meets DOT requirements for Qualification Training. Includes Web Training Password, Videoclip Scenarios, Printable Documents including STT Student Manual, On Line Final Exam, Printable 5-Year Certificate, 3 CEEds.  <span style="background-color: yellow;">ASD Device training and Hands-On Proficiencies ordered separately.)</span>	New _____  Refr _____	\$89.00	

**Classroom EBT & ASD Device Training for BATs & STTs**

<b>For more information about hands-on training required to complete BAT and STT training call 800-277-1997.</b>  Hands-on courses are offered at SAPAA Annual and Regional Conferences.		\$Ask for Quote	
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**Handbooks & Training Manuals**

<b>APS Help Handbook® for Collectors, BATs &amp; STTs</b>		\$35.00	
<b>Method of Payment</b> Mailing Check    MC    Visa    AMX <small>Prices 080708 subject to change without notice.</small>	◀ Specify	<b>SUBTOTAL</b>	\$
<b>Only Florida Shipments Add 7% Sales Tax</b>		<b>FL TAX</b>	\$
<b>Shipping and Handling – Call 800-277-1997x800 for \$ Amount</b>		<b>SHIPPING</b>	
<b>**ALL SALES ARE FINAL. NO REFUNDS OR RETURNS.</b>		<b>TOTAL</b>	\$

NAME ON CREDIT CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CREDIT CARD EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 BILL TO COMPANY \_\_\_\_\_  
 BILL TO STREET \_\_\_\_\_  
 BILL TO CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 SHIP TO NAME \_\_\_\_\_ Email: \_\_\_\_\_ (Required)  
 SHIP TO COMPANY \_\_\_\_\_  
 SHIPPING ADDRESS (no P.O Boxes) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Brought to you by SAPAA [www.sapaa.com](http://www.sapaa.com) and Alpha Pro Solutions, Inc.  
 735 Arlington Ave. N. Ste. 102, St. Petersburg, FL 33701  
**Phone: (800) 277-1997    FAX ORDER TO: 775-871-8538    Email: [Trainer@alphapro solutions.com](mailto:Trainer@alphapro solutions.com)**