Technical Training Application Form

1.	Are you an existing dealer with EVolution Electric Vehicles?	
	□Yes	
	\square No	
	Note: Only authorized EVolution dealers are qualified to participate in the training. Inaccurate or incomplete information provided herein may result in the rejection of your application for technical training. If you are not an authorized EVolution dealer, please note that you will not be eligible for this training program.	
2.	Business Information (Complete this application information with our records)	on only if you selected "Yes" above, we will verify your
	Business Name:	
	Business Address & Contact Info.	
	Street:	
	City: State:	Zip Code:
	Phone Number:	Email Address:
3.	Trainees' Information	
	How many people are you enrolling in the training? (Maximum Two)	
	□One	
	□Two	
	Please provide the full names and contact info of the trainees you are enrolling:	
	1) Trainee's Full Name:	
	Phone Number:	Email Address:
	2) Trainee's Full Name:	
	Phone Number:	Email Address:
4.	Declaration	
	I, the undersigned, hereby affirm and declare that all information provided in this application is true, complete and accurate to the best of my knowledge. I acknowledge and understand that I am solely responsible for any inaccuracies, errors, omissions, or misrepresentations contained therein. In the event of any discrepancies or falsehoods in the provided information, I accept full responsibility for any consequences, liabilities, or actions that may arise.	
	By affixing my signature below, I consent to the terms outlined in this declaration and commit to its accuracy and completeness.	
	Signature: Dat	re: