



# Carrier University Training Class Request

**Important note:** A quote with approved dates and details will be sent to the requestor.  
Please fill out a separate detailed request form for each course/instance.

---

## 1. Requester's information:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Phone # \_\_\_\_\_

## 2. What class are you requesting? (visit <https://www.carrier.com/carrieruniversity/en/us/> for current class listing)

Existing  Custom Specify class name: \_\_\_\_\_

## 3. Preferred format/location for training: Online Virtual Instructor-led Classroom (Specify location)

### Training class location:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Phone # \_\_\_\_\_

### Name of company attending this training?

Distributor \_\_\_\_\_  
DSO \_\_\_\_\_  
Dealer \_\_\_\_\_  
Customer \_\_\_\_\_  
Other \_\_\_\_\_

## 4. Requested class date(s):

Option 1: Date / Time \_\_\_\_\_  
Option 2: Date / Time \_\_\_\_\_  
Option 3: Date / Time \_\_\_\_\_

## 5. How many students would be in this class? \_\_\_\_

Enrollment minimum varies on the class being requested, please contact for details.

## 6. Credits needed at completion of this class. Check any that apply: CEU PDH NATE



# Carrier University Training Class Request

7. Select all brands applicable to this training:  Carrier  Bryant  ICP  N/A

8. Who is your Sales contact? \_\_\_\_\_

9. Product Model numbers associated with this request:

\_\_\_\_\_

10. Training details:

*Please provide a brief description of the topics and skills you require training for.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What skills or competencies will be learned?

*What are the tangible skills/competencies learners will gain? Be as specific as possible.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What specific situation, challenge, or need is prompting this request?

*Describe the scenario where the lack of this training has caused an issue.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Any additional comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

\*\*\* Please send completed form to: [carrieruniversity@carrier.com](mailto:carrieruniversity@carrier.com) \*\*\*

*Thank you!*