



National Institute for Metalworking Skills®

MET-TEC Committee Registration

NIMS Credentialing Program

Registration Date: _____

Geographic Jurisdiction of your MET-TEC _____

Contact Person: _____ Title: _____ Company / Organization: _____

Address: _____ Phone: _____ Email: _____

MET-TEC Committee Members:

Name (Printed)

Company / Organization

Title

Company Address

City State Zip () -

Official Signature

Email Address

Name (Printed)

Company / Organization

Title

Company Address

City State Zip () -

Official Signature

Email Address

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MET-TEC Committee Members:

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Company / Organization

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Phone

Official Signature

Email Address

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