



The Irrigation Water Management Society

<b>Application for Hosting the IWMS CSWP Training Class and Exam</b>			
Name of Organization			
Date of Training		Exam date	
Location of Training and Exam			
Shipping Address of Hosting Organization			
<b>Contact Name</b>			
<b>Phone</b>			
<b>Fax</b>			
<b>E-mail</b>			
Proposed Instructor name and phone			
BELOW FOR IWMS USE ONLY			
Class approved		Date	
By			
Proposed Proctor name and phone			
Notes			