

ATTACHMENT C

Please use this form (print blank copies for each Participant) to include full contact information for each Participant in the employ of Applicant seeking operator qualification:

1. PARTICIPANT NAME _____

2. PARTICIPANT HOME ADDRESS _____

3. PARTICIPANT EMAIL ADDRESS _____

4. PARTICIPANT PHONE NUMBER _____

5. LAST FOUR DIGITS OF PARTICIPANT'S SOCIAL SECURITY NUMBER _____

6. PLACE **CLEAR** COPY OF PARTICIPANT'S DRIVER'S LICENSE OR GOVERNMENT-ISSUED I.D. HERE:

7. You **MUST** separately send a clear DIGITAL photograph (passport style) for each Participant to GOQmembership@plumbingfoundation.nyc.