

**West Virginia's Best Tech/Inspect Competition  
Registration Form**

**Competitor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Technician**

**Inspector**

**Years in current position:** \_\_\_\_\_

**Shirt size:** \_\_\_\_\_

**I will be attending the dinner on Sunday evening**

**Yes**

**No**

**A guest will be attending with me?**

**Yes**

**No**

**Guest's name:** \_\_\_\_\_

**Transportation Director's Signature:** \_\_\_\_\_

Please complete, email or fax to: WVAPT

ATTN: Peggy Stone

[peggy.stone@k12.wv.us](mailto:peggy.stone@k12.wv.us)

Fax: 304-824-3040

*Registration forms must be received by June 27, 2024*