



**PARTICIPANT  
Information Sheet  
SHARK DEALER WORKSHOP**

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**The following information will be used to generate your workshop certificate.  
Falsification of any information may result in permit denials.**

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Workshop Date: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) - \_\_\_\_\_

Business Name: \_\_\_\_\_

City and State of Business: \_\_\_\_\_

Office Phone Number (\_\_\_\_\_) - \_\_\_\_\_