



Mercedes-Benz

# Training Roster

Return roster to AIDT: Fax #: 507-2299

Scan and email to 138\_aidt-forms-inbox@mercedes-benz.com

Course Name:	Course ID#:
Proctor/Coordinator:	Location/Virtual:
Vendor:	Start Date:
Instructor:	Start Time:
Instructor: (signature)	End Date:
	End Time:

AIDT use only	
PeopleSoft Initial/Date	PeopleSoft Session #
PR#:	PO#:

**INFORMATION YOU PROVIDE MUST BE LEGIBLE, OR YOU WILL NOT RECEIVE CREDIT!**

	PRINT LEGAL NAME	Badge # Req'd for credit	SIGNATURE	DEPT NAME	COMPANY	PLEASE INITIAL							COMMENTS
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