

Residential and Commercial Service School

Pre-Attendance Quiz Answer Sheet

- | | A | B | C | D | E |
|-----|----------|----------|----------|----------|----------|
| 1. | () | () | () | () | () |
| 2. | () | () | () | () | () |
| 3. | () | () | () | () | () |
| 4. | () | () | () | () | () |
| 5. | () | () | () | () | () |
| 6. | () | () | () | () | () |
| 7. | () | () | () | () | () |
| 8. | () | () | () | () | () |
| 9. | () | () | () | () | () |
| 10. | () | () | () | () | () |
| 11. | () | () | () | () | () |
| 12. | () | () | () | () | () |
| 13. | () | () | () | () | () |
| 14. | () | () | () | () | () |
| 15. | () | () | () | () | () |
| 16. | () | () | () | () | () |
| 17. | () | () | () | () | () |
| 18. | () | () | () | () | () |
| 19. | () | () | () | () | () |
| 20. | () | () | () | () | () |

Name: _____

Company: _____

Address: _____

City _____ State ____ Zip _____

Phone: _____ - _____ - _____

Fax: _____ - _____ - _____

Class Date Requested: _____

1. Use a number two pencil or black pen to fill in the () area for your selection.
2. Fax the completed sheet to
1-615-792-2135 or
3. Mail to: A.O.Smith Customer Care
106 Adkisson Street
Ashland City, TN 37015
Attn: Training Department