



ENVIRONMENTAL CLASS INFORMATION

Select Division: Backflow Environmental Health & Safety Solid Waste Wastewater Water

Class you are registering for: _____

Date of Class: _____ Class Location: _____ Internet Course: Yes No
MM/DD/YYYY

STUDENT INFORMATION

Name: _____
Last First Middle Maiden Suffix

Social Security Number: _____ Student ID#: _____
(Last 4 digits of SSN & first 3 letters of last Name)(Example: 1234ABC)

Birthdate: _____
MM/DD/YYYY

Mailing Address: _____
Street City State Zip Code

County/Parish: _____

E-Mail Address: _____

Preferred Phone: _____ Work/Other: _____ Fax: _____

Gender: Female Male Ethnicity: Hispanic or Latino Not Hispanic or Latino Race: White Black or African American Asian Amer Indian or Alaska Native Native Hawaiian or other Pacific Islander
Check all that apply:

EMPLOYER INFORMATION

Employer: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

(Signature and Student Identification Number are required for Course Credit!)