Bus Driver Certification Courses
Registration Form

Course (check one): ☐ Beginning (18 hrs) ☐ Continuing Education (6 hrs)

Please enroll the drivers for the program date and location as follows:

Course Date: _____ Location: _____

Please complete all fields below:

Complete Name	Driver's License Number	Hourly Rate*	Registration fee $25

TOTAL ENCLOSED: $ _____

*NOTE: Please fill in the base hourly rate of pay for the driver. If you do not pay your driver to attend this class please indicate N/A in the hourly rate column.

Return completed form to: Continuing Education, Northern Michigan University, 1401 Presque Isle Avenue, Marquette, MI 49855; or Fax to (906) 227-2108. Please make check payable to Northern Michigan University, Continuing Education. **Registration will not be processed without payment.**

(please print)

School: _____Phone: _____

School Address: _____ Fax: _____

Trans. Supervisor: _____ Email:_____

City: _____State: _____ ZIP: _____

Authorization: _____ Date:_____

Cancellations must be made at least five working days prior to the program date, no refunds but payment can be transferred to another date or substitution.

1/12/2017 LM