

WA CDL COURSE REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

COURSE DATES: _____ COURSE FEE: _____

DECON COURSE: ___ SUPERVISOR COURSE: ___ REFRESHER COURSE: ___

EMERGENCY CONTACT NAME & PHONE: _____

CREDIT/DEBIT CARD: _____ TYPE OF CARD: _____ VISA _____ MC

NAME ON CARD: _____

BILLING ADDRESS of card: _____

CARD #: _____ EXP DATE: _____

SECURITY CODE (3-digit # on back of card): _____

SIGNATURE: _____ DATE: _____

Credit cards are charged one week in advance of the class. No refunds available; participants must reschedule if unable to attend. Failure to attend without notification will result in loss of payment; substitutions accepted. MLCC reserves the right to cancel any class if enrollment quotas are not met three weeks in advance of the scheduled course dates.

FAX registration form to: 866-648-7572

EMAIL to: info@methlabcleanup.com

MAIL to: Meth Lab Cleanup LLC, 1628 E. Tall Timber Loop, Post Falls, ID 83854