

Western Area Career & Technology Center Safety Inspection Certification Registration Form

First Name	M. I.			Last Nam	e
Street Address	City			State	Zip Code
Home Phone	Work Phone	e		Mobile Ph	one
Email Address			Driver's I	License No.	
Employer			Registrat	ion Number	
Employer's Address					
Employer's Phone		Employ	er's Fax		
SAFETY INSPECTION CERTIFICATION REQUESTED: [X] \$175.00 Car /Light Truck					
Class Start Date:					
Students must provide safety glasses and s	teel-toed work	boots.			
Participant must provide their driver's lice send by email to jmcclain@wactc.net.	nse at the first	session	<mark>of the cours</mark>	se or you may ta	ake a picture and
Enclosed is my check or money order for \$ credit card/debit card. You may call in with Payment Form.					•
Courses must be paid in full prior to the sta Career & Technology Center, Adult Educati		_			
Refund Policy: Tuition will not be refunded	d after the seco	nd class	session has	s met.	
EOE					August 2023