

${\bf Defensive\,Driving\,Course\,(DDC)\,Registration\,Form}$

Last Name:	First Name:_		Middle Initial:
Driver's License Number:		State:	Expires:
900 #:	Email Addre	ess:	
Mailing Address: Street:			
City:		State:	Zip Code:
Home Phone:		_Work Phone:	_
• The fee for this course is	\$67.00 for NMT	Employees and \$2	243 for all others.
	check payments m	ay be made at the	s for meeting the requirements for driving NMT Cashier at the Fidel Center if the s).
• If charged to your Home receive the password to ta	. •	pervisor must app	rove this registration form in order to
If charged to a Restricted their Research Administra			certify below and obtain approval from ion form.
1 0 0	, •	•	rom the NMT Cashier and this completed the password to take the course.
 NOTE: Once registered, registration will need to be 	•	ve 90 days to comp	plete the course. Once expired, a new
PL	EASE CHECK T	HE FOLLOWING	FOR PAYMENT
CASH/CHECK (NMT	Cashier: All cash/o	check deposits go to	account number 270202-560106)
HOME/GRANT ACC	OUNT #:	DEPAR	RTMENT:
As supervisor, I certify	y that the cost of ob	otaining a DDC licer	nse is a direct benefit to the award and
will only be used for t	his purpose. RA In	itials: SUPER`	VISOR NAME:
SUPERVISOR SIGNATUR	RE:		DATE:
			ILY EMRTC PERSONNEL
Course Score:			
Certifier Name:			
Certifier Signature:			Date:
Received by EMRTC A	ccounting on: Da	te:	Accounting Initials: