



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)

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 CONTACT INFORMATION

Employer: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date: _____