

Bus Driver Safety Certification Courses Registration Form

Select a Course: Beginning (18 hrs) Continuing Education (6 hrs)

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

Course Date: _____ Location: _____

Complete all the fields below:

Complete Name	Driver's License Number	Hourly Rate*

*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.

If a driver is attending a beginning class, include a copy of their CDL w/P & S endorsements.

Return completed form to: Continuing Education, Northern Michigan University, 1401 Presque Isle Avenue, Marquette, MI 49855; or email to Lori Malnor at lmalnor@nmu.edu.

(please print)

School: _____	Phone: _____
School Address: _____	City: _____ Zip: _____
Trans. Supervisor: _____	Email: _____
Authorization: _____	Date: _____

Email any cancellations to lmalnor@nmu.edu.