



**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
NATIONAL TRAINING CENTER**



**STUDENT REGISTRATION FORM**

Please complete this form electronically, print it, sign and date it, and bring it with you on the first day of class. *ALL fields on this form are required.*

<b>COURSE INFORMATION</b>	
<b>Course Name:</b>	
<b>Course Location:</b> <i>(City &amp; State)</i>	
<b>Course Start Date:</b>	
<b>STUDENT INFORMATION</b>	
<b>Student Name:</b> <i>(As it should appear on your certificate)</i>	
<b>Position Title:</b>	
<b>Organization Name:</b>	
<b>ORI Code:</b>	
<b>Work Address:</b>	
<b>Work Telephone Number:</b>	
<b>Work Email Address:</b>	
<b>Does your position receive Federal funding for commercial motor vehicle enforcement?</b> <i>(Motor Carrier Safety Assistance Program [MCSAP] grant)</i>	
<b>SUPERVISOR INFORMATION</b>	
<b>Supervisor Name:</b>	
<b>Supervisor Telephone Number:</b>	
<b>Supervisor Email Address:</b>	

*By my signature below, I certify that I have reviewed and met all prerequisites to participate in the course identified above.*

**Student Signature**

**Date (MM/DD/YYYY)**

*By my signature below, I certify the registering student has met all prerequisites to participate in the course identified above.*

**Supervisor Signature**

**Date (MM/DD/YYYY)**