



SC DOT CERTIFICATION PROGRAM BILLING AND REGISTRATION FORM

COURSE INFORMATION

Course Name: _____ Start Date of Course: _____

Student's Name _____

COMPANY/ BILLING INFORMATION

Company Name: _____ District # (SCDOT only): _____

Company Address: _____

Company City: _____ State: _____ Zip: _____

Contact Person of Company: _____ Phone Number: _____

Email Address of company contact _____

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

This form can be returned to us by fax, email, or postal mail.

Please note, your registration is not complete until this form is received in our office:

Fax: 864/646-1894

Email: conted@tctc.edu

Postal Mail: Attn: Corporate and Community Education Division
Tri-County Technical College
PO Box 587
Pendleton SC 29670