



Tri-County Technical College

## **SC DOT CERTIFICATION PROGRAM BILLING AND REGISTRATION FORM**

### **COURSE INFORMATION**

Student's Name \_\_\_\_\_ Cert or Recert: \_\_\_\_\_

Course Number: \_\_\_\_\_ Start Date of Course: \_\_\_\_\_

Course Name: \_\_\_\_\_

Test Location (if applicable): \_\_\_\_\_ Exp Date (if recert): \_\_\_\_\_

### **COMPANY/ BILLING INFORMATION**

Company's Name: \_\_\_\_\_ District # (SCDOT only): \_\_\_\_\_

Mailing Address (for results and certifications): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address of company contact \_\_\_\_\_

Fax Number: \_\_\_\_\_

### **STUDENT INFORMATION**

Student's Name (First, Middle, Last): \_\_\_\_\_

Physical shipping address (used to send books for online classes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email Address (not company contact's email): \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

The State of SC now requires us to collect this data for all students, but you have the right to enter "prefer not to disclose" for any of these items.

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

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

Email: [conted@tctc.edu](mailto:conted@tctc.edu)

**Postal Mail:** Attn: Corporate and Community Education Division  
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