



Your Partner in PUBLIC SAFETY

## Southeastern Section

Course Registration Form

Must Be E-mailed to:

Glen Bollinger

brglenbol@gmail.com

Program Location \_\_\_\_\_ Date of Program \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

LAST Four (4) Numbers **ONLY** of Social Security \_\_\_\_\_ IMSA Member **Yes/No** \_\_\_\_\_

Email Address \_\_\_\_\_

Agency/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Program:

- |   |  |
|---|--|
| A) Work Zone Safety                         | G) Signs & Marking Level II            |
| B) Traffic Signal Field Technician Level I  | H) Signs & Marking Level III Exam Only |
| C) Traffic Signal Field Technician Level II | I) Roadway Lighting Level I            |
| D) Traffic Signal Level III Exam Only       | J) Roadway Lighting Level II           |
| E) Traffic Signal Inspector                 | K) Eight (8) Credit Hour Renewal       |
| F) Signs & Markings Level I                 | L) Sixteen (16) Credit Hour Renewal    |

Program Selection(s) \* \_\_\_\_\_  
(\*Enter Corresponding Letter)

Challenge Exam (Yes/No) \_\_\_\_\_

Exam Retake (Yes/No) \_\_\_\_\_

Program Renewal (Yes/No) \_\_\_\_\_

Total Course Fees Due \$ \_\_\_\_\_