Contact Information

First Name: ___________________________ Last Name: ___________________________
Address: ______________________________________________________________________
City: __________________ State: _______________ Zip: __________________________
Home Phone: __________________________ Work Phone: ______________________________
Email Address: __________________________________________________________________
Driver's License Number*: _____________________ *A legible copy of the driver's license must accompany this form

Course Information (Please select all that apply)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Vehicle Safety Inspector Test (Includes Certified Document Review Test)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Certified Document Reviewer Test Only</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$75.00</td>
</tr>
</tbody>
</table>

Payment Information*

Cash Check

Visa Master Card Discover American Express

Credit Card Number: __________________________
Expiration Date (mm/yy): ________________ Security Code (3 digits on back of card): ____________

Card holder contact information if different from above:
Name (as it appears on the card): __________________________
Address: ______________________________________________________________________
City: __________________ State: _______ Zip: _______ Phone: _________________________

*If paying by cash or check, please return this form and your payment to:

Johnson College Continuing Education Program
3427 North Main Avenue, Scranton, PA 18508
Tel: (570)702-8979 Fax (570) 702-8966

For Office Use Only:
Payment Received: Processed by:
Course Dates and Instructor: