



PAYMENT FORM: CATEGORY 4 TESTING

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)

	Cost	Total
<input type="checkbox"/> Enhanced Vehicle Safety Inspector Test (Includes Certified Document Review Test)	\$75.00	\$.00
<input type="checkbox"/> Certified Document Reviewer Test Only	\$75.00	\$.00
Total	\$.00

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: