



Business and Community Solutions

REGISTRATION FORM

Class Title _____ Class # _____

Date Class Begins _____ Location _____

Complete Legal Name

Last _____ First _____ Middle _____

Home Mailing Address ☐ Preferred

☐ Check here if new address

Previous last name?
If yes, please list below.

City _____ State _____ Zip _____

Business Mailing Address ☐ Preferred

☐ Check here if new address

City _____ State _____ Zip _____

Day Phone ☐ Mobile

_____-_____-_____-_____-_____-_____

Evening Phone ☐ Mobile

_____-_____-_____-_____-_____-_____

Male _____ Female _____

Social Security Number

_____-_____-_____-_____-_____-_____

Date of Birth

_____/_____/_____-_____-_____-_____

Driver License # - provide for driving classes only

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Full SSN needed for Driving & Health classes. Last 4 SSN digits needed for all other classes. (Assists to identify you correctly. All information is strictly confidential.)

Email Address

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Occupation

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Professional Licensure #

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

**Ethnic: _____ HIS Hispanic/Latino
_____ NHS Non Hispanic/Latino

**Race: _____ American/Alaskan Native _____ Asian _____ White
_____ Black or African American _____ Hawaiian/Pacific Islander

** How did you hear about us? _____ Brochure _____ Catalog Mailing _____ Email _____ Family/Friend _____ Mandatory/Court Ordered
_____ NICC Website _____ Business Associate _____ Other _____

**This information is needed for various state and federal reports. It is not a requirement for registration.

PAYMENT METHOD

☐ VISA MasterCard Discover

☐ Check -
made payable to NICC

Cash

Amount

\$ _____

Card #

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Exp. Date

_____/_____-_____-_____-_____

Signature

☐ Bill Company (please supply company information)

_____-_____-_____- 3-digit Security Code on back of credit card

Company

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Contact

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Phone

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Email Address

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

FAX

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

Mailing Address

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

☐ Check here if new address

City _____ State _____ Zip _____

