



Compliance Training Program Registration Form

PLEASE provide all the information requested below. Please complete a separate form for each person enrolling in courses. An individual may be enrolled for multiple courses on a single form. If you have registration questions, please call (916) 322-3937 or visit us on the web at <http://www.arb.ca.gov/training/training.htm>.

Include your payment by check with your course application, payable to **California Air Resources Board**. Payment with a major credit card is acceptable. Please have your credit card information ready and telephone the Registrar at the number listed above. For security reasons, do NOT e-mail or fax credit card information.

SEND COMPLETED FORMS TO:

E-mail to: arbtrain@arb.ca.gov **Fax to:** (916) 323-3303
Mail to: Registrar
 Air Resources Board
 Enforcement Division, Training Section
 P.O. Box 2815
 Sacramento, CA 95812

PLEASE PROVIDE THE FOLLOWING:

Student Name: _____		<i>(last, first middle)</i>
<input type="checkbox"/> I have taken previous ARB courses. <input type="checkbox"/> My name has changed.		Old name: _____
Student Number: _____		<input type="checkbox"/> My employer/address/phone has changed.
Job Title: _____		
Employer: _____		Division/Section: _____
Address: _____		
City: _____		State: _____ Zip: _____
Work Phone: _____	Alternate Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Email Address: _____		

Course Number	Course Title	Date Offered	Course Location	Course Fee

For information about course fees, please visit www.arb.ca.gov/training/registra.htm.

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Total Amount Enclosed: \$