

COURSE REGISTRATION FORM

Register in 6 Easy Steps



1 APPLICANT

PLEASE BILL ME

Last Name	Middle Initial	First Name
Job Title	Motorist ID #	
Home Mailing Address	Apt #	
City	State	Zip
Home Phone	Email Address	

2 EMPLOYER

PLEASE BILL MY EMPLOYER

Employer Name		
Type: (check one)		
<input type="checkbox"/> School District <input type="checkbox"/> Coach Bus Service <input type="checkbox"/> Other		
<input type="checkbox"/> School Contractor <input type="checkbox"/> Ambulette		
Employer Address		
City	State	Zip
Phone		
Fax		
Email Address		

4 COURSES

• Fill-in "Course Location & Date" for each course.

- 19-A Certified Examiner Course**
Course Location & Date _____
Registration Fee: \$695.00
- 19-A Certified Examiner Refresher**
Course Location & Date _____
Registration Fee: \$125.00
- Article 19-A Recordkeeping for Non-CEs**
Course Location & Date _____
Registration Fee: \$99.00
- Prevention & Intervention of Physical Violence on School Buses Course**
Course Location & Date _____
Registration Fee: \$175.00
- Managing Pupil Transportation**
Course Location & Date _____
Registration Fee: \$175.00
- School Bus Accident Investigation & Scene Management**
Course Location & Date _____
Registration Fee: \$375.00
- School Bus Dispatcher Course**
Course Location & Date _____
Registration Fee: \$175.00
- School Bus Driver Instructor (SBDI) Course***
Course Location & Date _____
Registration Fee: \$879.00
**Payment or PO for SBDI course must accompany registration.*
- Training the Trainer ACADEMY**
Course Location & Date _____
Registration Fee: \$875.00
- Training the Trainer: LEVEL I**
Course Location & Date _____
Registration Fee: \$125.00
- Training the Trainer: LEVEL II**
Course Location & Date _____
Registration Fee: \$245.00
- Training the Trainer: LEVEL III**
Course Location & Date _____
Registration Fee: \$245.00
- Training the Trainer: LEVEL IV**
Course Location & Date _____
Registration Fee: \$225.00
- Training the Trainer: LEVEL V**
Course Location & Date _____
Registration Fee: \$125.00

3 MAIL ALL CORRESPONDENCE TO:

- Applicant Address Employer Address

5 PAYMENT

TOTAL COURSE FEE(S) DUE: \$ _____
<input type="checkbox"/> Purchase Order (P.O.)# _____
<input type="checkbox"/> Check (Payable to PTSI)
<input type="checkbox"/> Credit Card # _____
Expiration Date _____ Security Code _____
Signature _____ (required for credit card users)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover

6 MAIL OR FAX

Pupil Transportation Safety Institute (PTSI)
Mail 10 Adler Drive, Suite 102
East Syracuse, NY 13057
Fax (315) 475-5033



For course confirmation, email: info@ptsi.org

POLICIES:

Due to limited class size, payment for the SBDI and CE Courses must be received three weeks prior to course start date or your registration will be cancelled. Cancellation three or more weeks prior to class start date will receive a full refund. Cancellation less than three weeks prior to class start date will receive a credit (less \$100 cancellation fee) toward a future course and must be used in the current school year or be forfeited. If a student attends a partial course or withdraws from the class after the course begins, no refund or credit will be given.

PTSI reserves the right to cancel class due to low registrations. We accept Purchase Orders as a guarantee of payment.