

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)

School District Coach Bus Service Other

School Contractor 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: \$540.00
- 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: \$ _____

Purchase Order (P.O.)# _____

Check (Payable to PTSI)

Credit Card # _____

Expiration Date _____ Security Code _____

Signature _____
(required for credit card users)

Visa MasterCard AmEx 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.