



Defensive Driving Course (DDC) Registration Form

Last Name: _____ First Name: _____ Middle Initial: _____

Driver's License Number: _____ State: _____ Expires: _____

900 #: _____ Email Address: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

- The fee for this course **\$67.00 for NMT Employees/Students; ie anyone with 900# and \$243 for all others.**
- This fee can be charged to your home account if the course is for meeting the requirements for driving a state vehicle. Cash or check payments may be made at the NMT Cashier at the Fidel Center if the course is for other reasons (i.e., lowering insurance premiums).
- If charged to your **Home Account**, your supervisor must approve this registration form in order to receive the password to take the course.
- If charged to a **Restricted Fund/Grant**, all supervisors must certify below and obtain approval from their Research Administrator prior to submitting this registration form.
- If paying by **Cash or Check**, you must submit your receipt from the NMT Cashier and this completed form to the EMRTC Visitor Control Clerk in order to receive the password to take the course.
- **NOTE:** Once registered, you will only have 90 days to complete the course. Once expired, a new registration will need to be purchased.

PLEASE CHECK THE FOLLOWING FOR PAYMENT

CASH/CHECK (NMT Cashier: All cash/check deposits go to account number **270202-560106**)

HOME/GRANT ACCOUNT #: _____ DEPARTMENT: _____

As supervisor, I certify that the cost of obtaining a DDC license is a direct benefit to the award and will only be used for this purpose. RA Initials: _____ SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

THE FOLLOWING WILL BE COMPLETED BY ONLY EMRTC PERSONNEL

Course Score: _____

Certifier Name: _____

Certifier Signature: _____ Date: _____

Received by EMRTC Accounting on: Date: _____ Accounting Initials: _____