



2023 Start Dates - 3 Week Course

April 10 May 8 June 14 July 31

2023 Start Dates - 2 Week Course

April 5 May 22 June 21 July 31
 April 24 May 30 July 10 August 14
 May 8 June 6 July 11

All fields are **required** unless otherwise indicated; please fill out this registration form completely.

Date of Registration _____ Class Start Date _____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Daytime Phone _____

Would you like to receive notifications via text message to the cell phone number provided above? Yes No

E-Mail Address _____ *Your confirmation will be sent to this e-mail address.*

Date of Birth _____ Social Security Number _____

PLEASE CHECK ONE: *All checks should be made payable to BSC*

- | | |
|--|--|
| <input type="checkbox"/> Enclosed is the \$500 non-refundable deposit | <input type="checkbox"/> Enclosed is the \$450 retest fee |
| <input type="checkbox"/> Enclosed is the full tuition of \$5,795, which includes the non-refundable deposit | <input type="checkbox"/> Enclosed is _____, which includes the |
| <input type="checkbox"/> I am a sponsored student. Enclosed is the Third Party Authorization Letter as well as the name and address of the sponsoring business provided below. | non-refundable deposit for _____ hours of customized training. |

Sponsoring Business _____

COURSE PREREQUISITES AND ACKNOWLEDGMENT:

Students will receive an email from BSC Continuing Education outlining how to fulfill the course prerequisites including how to establish an online account with CastleBranch. The following prerequisite documents must be uploaded by the student into CastleBranch: (1) Current Class A Commercial Learner's Permit through the State of North Dakota (passing of the general knowledge, airbrake and combination tests), (2) Medical Examiner's Certificate from a DOT Physical within 24 months prior to the course start date that includes the CLP/CDL designation, and (3) Current Driver's License.

The following prerequisite must be completed by the student at the Drug and Alcohol Testing Network: DOT Drug screen dated within ten (10) business days of the course start date.

The following prerequisite will be initiated by CastleBranch on behalf of the student once the CastleBranch account is created by the student: Motor Vehicle Report (MVR) for each state of residency indicated by the student in the last two (2) years.

The course prerequisites, excluding the DOT Drug Screen, and full tuition payment must be completed no later than ten (10) business days prior to the course start date. The DOT Drug Screen must be done no earlier than ten (10) business days of the course start date. Failure to adhere to the deadlines will delay registration and may result in being transferred to the next available course. In addition, a student may incur additional costs.

Please list each state of residency in the last two (2) years. _____

At the time of your registration, have you obtained the Commercial Learner's Permit from the State of North Dakota? Yes No

_____ My initials indicate that I have read and understand the above requirements.

REFUND/TRANSFER POLICY: A \$500.00 deposit paid upon registration is required to reserve a seat and is non-refundable. Students must contact the BSC

Continuing Education office at least ten (10) business days prior to the course start date to request a refund on the remaining paid balance. If a student cancels less than ten (10) business days prior to the start of the course, the entire registration fee is forfeited. Full refunds are guaranteed

if BSC Continuing Education cancels a course. All approved refunds are made by mail unless paid with a credit card or electronic check in which case the card or account is credited. Please allow three (3) weeks to process refunds.

Students must contact the BSC Continuing Education office at least ten (10) business days prior to the start of course to request a transfer. If a student requests a transfer less than ten (10) business days prior to the start of the course, the entire registration fee is forfeited. Students will be allowed one (1) transfer before registration is dropped requiring the student to complete the application process again.

_____ **Initial**

(PLEASE READ CAREFULLY AND FULLY) I certify that the information given by me in this application is true in all respects, and I agree that the omission or misrepresentation of any fact in this application will be sufficient reason for TrainND Southwest to deny me training. I also understand and agree that should I begin training and it is later discovered I have omitted or misrepresented any fact in this application including any supplement thereto, or any other corporate record, TrainND Southwest may immediately terminate my training upon discovery of such omission or misrepresentation. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability to perform the essential function of the job, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. As part of the application process for their training at Bismarck State College, I understand that they and/or agents may conduct an investigation of my personal information. The investigation may include, but is not limited to, names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I authorize, without any reservation, the full release of these records. In addition, I release and discharge Bismarck State College and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of training. I understand TrainND Southwest may conduct a background check.

Student Signature _____ Date _____

Please return this completed form to BSC Continuing Education & TrainND either:

- In Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: bsc.training@bismarckstate.edu
- By Fax: 701-224-5777

OFFICE USE ONLY

Action_____	Date_____	Pymt Method_____	Pymt Amount_____	Remaining Bal_____	Tran ID_____
Action_____	Date_____	Pymt Method_____	Pymt Amount_____	Remaining Bal_____	Tran ID_____
Action_____	Date_____	Pymt Method_____	Pymt Amount_____	Remaining Bal_____	Tran ID_____
3rd Party Company_____	Invoice #_____	Date_____	Invoice Amount_____		
Pymt Method_____	Date_____	Pymt Amount_____	SF Receipt #_____		