

PILOT ESCORT CERTIFICATION REGISTRATION FORM

(Form must be completed in full)

LOCATION OF CLASS _____ DATE OF CLASS _____

NAME (Last, First, Middle Initial) _____ TITLE: (Driver, Owner, etc) _____

HOME ADDRESS (Street/P.O. Box/Apt. #) _____ City _____ State _____ Zip _____

PHONE: (Home) _____ (Cell) _____ E-Mail Address _____

NAME OF COMPANY _____ OWNER _____

COMPANY ADDRESS (Street/P.O.Box/Apt. #) _____ City _____ State _____ Zip _____

Business Phone _____ Business E-Mail Address _____

REGISTRATION FEE: \$100 Please make check or Money Order payable to:
Center for Local Government Technology (CLGT)

FEE IF PAID AT CLASS: \$120

If you do **NOT** want your name listed on our Website as a Certified Escort, please sign here: _____

Special Accommodations Required: _____

Please complete and return a COPY of this form to:

**Center for Local Government Technology
Oklahoma State University
5202 N. Richmond Hills Road
Stillwater, OK 74078-8088**

**Website Address: clgt.okstate.edu
Telephone: (405) 744-6049
Fax: (405) 744-7268
E-mail Address: clgt@okstate.edu**

FOR OFFICE USE ONLY

New _____
Renewal # _____
Payment Method:
 Cash
 Check # _____
 MO # _____
Date Paid _____