



**Continuing Education Class Registration/Drop Form**  
**Heavy Equipment Operation Training Program - OSHA 10 Training**

Online registration is available at  
[www.clovis.edu/continuingeducation/bit/heavy-equipment-training.aspx](http://www.clovis.edu/continuingeducation/bit/heavy-equipment-training.aspx).

**Deliver Form in Person:** Clovis Community College, Cashier's Office, 417 Schepps Blvd., Clovis,  
NM 88101

**Register by Phone:** (575) 769-4760 **Deliver by Email:** [ChavezE@clovis.edu](mailto:ChavezE@clovis.edu)

Last Name	First Name	MI	Soc. Sec. No. or CCC Student ID*
Date of Birth	Home/Cell Phone	Bus. Phone	Email (one that is frequently checked)
Mailing Address	City	State	Zip
Emergency Contact	Relationship		Phone
Company Name (for Company Contract Classes)	Address		Phone

**REGISTRATION**

Add	Drop	Course Title	Section Number	Start Date

Payment may also be made by mailing this form and a check to the address above. People who register in person will make payment at the Cashier's Office by cash, check, credit card, or employer sponsored purchase orders.

**Refund Policy:** There will be a \$70.00 non-refundable continuing education fee charged at the time of registration. This fee will go towards the total cost of the program applied for. Students who drop a continuing education course one or more business days prior to class start will receive a 100 percent refund minus the continuing education registration fee. No refunds will be issued if a student drops after the course has started.

I acknowledge that successful completion of this course may result in OSHA 10 certification provided all requirements are met. \_\_\_\_

I understand that I must complete all required hours of instruction to receive certification. Partial attendance will not qualify for completion. \_\_\_\_

I agree to adhere to all classroom safety protocols, including use of personal protective equipment (PPE) and following instructor directions at all times. \_\_\_\_

I acknowledge that participation in hands-on flagging and traffic control activities may involve outdoor conditions and moderate physical activity. I agree to inform the instructor of any physical limitations prior to participation. \_\_\_\_

I acknowledge the Drug and Alcohol Policy: Students must adhere to the CCC (<https://www.clovis.edu/about/policies/index.aspx>) and Vehicle Safety Programs, LLC's Drug and Alcohol policies. Failure to comply with the drug and alcohol policies is grounds for expulsion from the program. No refunds will be issued once the class has started. \_\_\_\_

I understand that replacement cards or certificates (OSHA or Flagger) may require an additional fee if lost or damaged. \_\_\_\_

**I certify that the information I have given on this form is accurate and complete.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_