

Prefix (Circle one): Mrs. Ms. Miss Mr.

First Name: _____ Middle Name: _____ Last Name: _____
Please enter your name as it appears on your identification for testing purposes.

BOMI ID # (current students): _____ Company Name: _____

Email: _____

Preferred mailing address: Office Home (No P.O. Boxes, Please)

OFFICE  Please fill out BOTH addresses.  **HOME**

Company Address: _____ _____	Home Address: _____ _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Work Phone: () _____	Home Phone: () _____
Fax: () _____	Fax: () _____
Cell: () _____	Cell: () _____

Enrollment options — check one of the following:

Current Students

- I am already enrolled in a designation/certificate program: (Circle one)
RPA FMA SMT/SMA PMFP PAC FMC SMC
- I am a designation/certificate holder who wants to enroll in a second (or third) program: (Circle one)
RPA FMA SMT/SMA PMFP PAC FMC SMC

New Students

- I am a new student who wants to enroll in the: (Circle one)
RPA FMA SMT/SMA PMFP PAC FMC SMC

BOMI International is authorized to release my final exam grade to the designated representative of:

Company Name: _____ SEAS- Stationary Engineers Apprenticeship School _____

Company Address (if different than above): _____ Houston Community College 1301 Alabama _____

City: _____ Houston _____ State: _____ Texas _____ Zip Code: _____ 77034 _____

Student Signature: _____ Date: _____