



Pacific Maritime Institute (PMI)

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REGISTRATION FORM

(Important: To ensure your registration is complete be sure to follow the instructions for enrollment and to provide payment information)

PERSONAL / DEMOGRAPHIC INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Birthdate: ____ / ____ / ____

Mailing Address: _____ Apt. / Suite #: _____

City: _____ State: _____ Zip Code: _____ Contact Phone: _____

Cellular Phone Number: _____ Fax Number: _____ Social Security Number: _____

Current License: _____ E-mail Address: _____

Would you like to receive an online newsletter? Yes No How did you hear about us? _____

Which race do you consider yourself to be? White/Caucasian Black/African American American Indian
Asian Hawaiian Native Pacific Islander Alaskan Native Hispanic
Multi-racial

Gender: Male Female

Are you a Veteran? Yes No

If yes, receiving benefits? Yes No If yes, choose one: Southeast Asia Not Southeast Asian

Prior Educational Experience: High School Graduate / GED? Yes No (See Enrollment Agreement on program requirements)

EMPLOYER

Employer Name: _____ Location/Station: _____ Commander: _____

Employer Contact Name (if Company enrollment): _____ Contact Phone Number: _____ USCG Only

UNION AFFILIATION (IF ANY)

IOMM & P Offshore? Yes (*See Note) No Current? Yes No

***IOMM & P: Please attach a photocopy of your most recent discharges(s) showing a total of at least thirty (30) days of covered employment.
If you are not current then a charge of \$130 per day will be incurred and all billing stipulations will apply, per enrollment agreement.**

COURSE(S)

Course Name	Week #	Dates	Cost
1.			\$
2.			\$
3.			\$

Continue on a separate sheet, if needed.

Total \$ _____

VOCATIONAL PROGRAM

AB TO MATE (OIC) CHIEF MATE TO MASTER (CMM) MATE 500/1600 TON

Please Note: See schedule online for the vocational program start dates and contact the school for registration of vocational programs. The schedule may be subject to change depending on enrollment status. Students will be notified if courses are full or canceled. See Enrollment Agreement.

PAYMENT ARRANGEMENTS

PERSONAL PAYMENT

CHECK or MONEY ORDER

Name on Check: _____ Check Number: _____ (or) Money Order Number: _____

Name and address to send receipt: _____

Note: Once a check / money order is received it will be deposited, a receipt will be generated and mailed with confirmation of the registration.

CREDIT CARD

Visa

MasterCard

American Express

Card Number: _____ Expiration Date: _____ Name on Card: _____ Security Code: _____

Billing Address for Card: _____ City/State: _____ Zip: _____

Name and address to send receipt: _____

PAYMENT BY COMPANY ~ Registrar must be notified by an employees manager that can authorize payment

CHECK, INVOICE & CREDIT CARD

Method of Payment: Check Invoice (**must be pre-approved by PMI*) Credit Card (*see format below*)

Company: _____ Billing Contact: _____ E-mail: _____

Billing Address: _____ Suite #: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____ Special Instructions: _____

PO / Requisition Number: _____ Check Number: _____ Documentation Attached: _____

CREDIT CARD

Visa

MasterCard

American Express

Card Number: _____ Expiration Date: _____ Name on Card: _____ Security Code: _____

Billing Address for Card: _____ City/State: _____ Zip: _____

Name and address to send receipt: _____

ACKNOWLEDGEMENTS

TERMS OF PAYMENT

All charges must be paid on arrival or pre-paid unless credit has been pre-approved. If payment in full is not received by the start date, the student will not be allowed to start class. Please see the Administrative Manager if there are any questions on billing.

Companies and Associations desiring to establish an account for invoicing should contact PMI for a Credit Application to submit. Companies are also subject to the same rules within the Enrollment Agreement that individuals are. Please be sure to acquire a copy of this document.

~ PLEASE BE SURE TO DOWNLOAD A COPY OUR ENROLLMENT AGREEMENT ONLINE OR REQUEST ONE FROM OUR REGISTRAR (WE REQUIRE A SIGNED COPY TO CONFIRM A SPOT IN A COURSE)~

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND CORRECT

Applicants Signature: _____

Date: _____