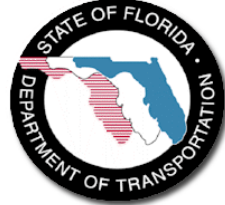


Application for Course and/or Exam



Florida Department of Transportation's
Construction Training Qualification Program

Trainee Information:

First Name: _____

Last Name: _____

Position: _____

Organization: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Fax: _____

Course: _____

Exam: _____

Date: _____

Location: _____

Payments by Visa, Mastercard, Discover, or AMEX

Contact: Laura Osorno at 305-348-0198
Fax Application to 305-348-2802

Payments by Check

Make check payable to **Florida International University**.

Mail application and check to:
Florida International University
Department of Civil and Environmental
Engineering
Attn: CTQP
10555 West Flagler Street, Suite EC 3600
Miami, FL 33174

Registration Fees

Course \$ _____

Written Exam \$ _____

Proficiency Exam \$ _____
(If Applicable)

Additional Manual \$ _____

Total Fees \$ _____