

Entered By: _____

Sarpy County Safety Program Registration Form 8 Hour Class

Full name as it appears on your driver's license: Please Print Clearly

Last First Middle

Address: _____ Day Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Male ____ Female ____ Under 21 Age ____
Required

Social Security #: ____/____/____ Driver's License #: _____
Required Required

Court Date as appears on ticket: ____/____/____
Month Day Year

Class Date Chosen: ____/____/____ ____ AM/PM
Month Day Year Time

Payment: Cash Money Order Traveler's or Cashier's Check

I attest that I am a participant needing reinstatement, points back or have violations not eligible for a Four Hour Class. I also understand that **NO REFUNDS** will be given and **AN ADDITIONAL \$115.00 WILL BE REQUIRED TO RE-SCHEDULE** should I be absent from the class. If, *under emergency circumstances only*, re-scheduling is required, participants must call 827-9827, no less than 24-hours prior to their scheduled class to re-schedule. The cost of my registration is \$115.00. A **COURT EXTENSION WILL BE REQUIRED TO PAY** any associated **COURT COSTS (\$45.00)** when registering.

Signature: _____ Today's Date: _____

For Office Use Only:

DMV Reinstatement/per attorney \$ _____ class fee

Point Reduction \$ _____ court fee

ext date _____ n/c

m/o _____

Received By: _____