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)

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address: ____________________________</td>
<td>Company Address: ____________________________</td>
</tr>
<tr>
<td>City: ___________________</td>
<td>City: ___________________</td>
</tr>
<tr>
<td>State: ___________________ Zip Code: ___________________</td>
<td>State: ___________________ Zip Code: ___________________</td>
</tr>
<tr>
<td>Work Phone: (___) ____________________________</td>
<td>Home Phone: (___) ____________________________</td>
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<tr>
<td>Fax: (___) ____________________________</td>
<td>Fax: (___) ____________________________</td>
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<tr>
<td>Cell: (___) ____________________________</td>
<td>Cell: (___) ____________________________</td>
</tr>
</tbody>
</table>

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: ____________________________