



**Tennessee Department of Environment and Conservation**  
**Fleming Training Center**  
2022 Blanton Drive, Murfreesboro, TN 37129, Fax: (615) 898-8064  
Email: [Fleming.Training@tn.gov](mailto:Fleming.Training@tn.gov)

**Training Class / Seminar Registration**

**Registration Information**

To register for a class, submit this form along with payment no less than 30 (thirty) days in advance of the scheduled class date. Forms received later than 30 days will be assessed a \$50 late fee. Class booklets may be downloaded for print at no charge at [www.tn.gov/environment/fleming/study.shtml](http://www.tn.gov/environment/fleming/study.shtml). Students requesting a printed copy must include an additional \$10 per booklet.

To register for a continuing education seminar, submit this form along with payment three (3) business days in advance of scheduled seminar date. For late registration, please call (615) 898-8090.

Submission of this form does not guarantee enrollment in a class or seminar. Confirmation will be emailed and will include specifics concerning times and locations.

**If English is not your primary language and you need language assistance, contact (615) 898-6500.**

Class / Seminar Title \_\_\_\_\_ Class Number \_\_\_\_\_

Class / Seminar Date \_\_\_\_\_ Fee Amount Included \_\_\_\_\_

Full Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Last First Middle

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer/System \_\_\_\_\_ Manager \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PWSID# of Facility \_\_\_\_\_ NPDES# of Facility \_\_\_\_\_

**Payment Information:** Payment by cash, check, money order and credit cards is accepted. If you are paying by check, please make checks payable to Treasurer, State of Tennessee, send to address above. Fees are non-refundable.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

American Express

Visa

Master Card

Discover

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*It is required that you submit this information under state and federal law, T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public. Your social security number is required for registering or enrolling in classes when the registrant is a certified operator.