



# Fax / Local Registration (956) 618-2490

For a complete list of RPSC courses and descriptions, please visit our website at  
**www.rioplexsafetycouncil.com**

**RPSC Account Number:**

**RP -**

Payment: Non-Members must pay before services are rendered.

Please select one of the following:

Employee to pay at Check-In

Company Credit Card on file with last 4 digits: \_\_\_\_\_

Job #:

PO #:

Company Name:

Billing Address:

City, State, Zip:

Contact Person:

Phone #:

Fax:

**To Process Clinical Registration, Please complete a Testing Authorization Form**

Training Date:

Please use a separate form for each day

Social Security No.	First Name	Last Name	Course Code	Retest Authorization
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

By authorizing "Retest", RPSC will re-register trainee for the unsuccessfully completed course and allow him/her to continue training.

Your signature authorizes training and payment for the courses requested above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

For Office Use Only

Date Entered:

Paid out by: