

# ARM of Minnesota Class Registration Form

Use this form for Aggregate Production, Concrete Field/Plant, Concrete Flatwork, and Recertifications. Please use one registration form for each class and each student.

Student Name _____	Name of Business _____
Student e-mail _____	Contact Person _____
Mn/DOT Tech ID (required) _____	Contact Email _____
If you do not have a Mn/DOT ID, please contact: Suzanne Johnsrud email: registration@armofmn.com	Bus. Address _____
Home Address _____	_____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone (____) _____	Bus. Phone (____) _____

## Ethnic Background(s)

- (0) Unknown       (1) Black or African American       (2) Asian  
 (3) White       (4) Hispanic or Latino       (5) American Indian or Alaska Native  
 (6) Native Hawaiian/or other Pacific Islander

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  Male  Female

(Classes may be tax deductible under Hope Scholarship and Life-long Learning tax laws. Your social security number must be provided in order to claim either of these deductions.) \*\*Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender and ethnic background is voluntary. If you do not provide this information, your application will still be processed. This data is requested for purposes of administration, program evaluation and consumer and alumni data. The data may also be used to create summary information about MNSCU programs through data matches with other state agencies.

ARM is pleased to offer its members a discount on Aggregate Production, Concrete Field, Concrete Plant Courses, and all Recertification courses. If you are a member, please subtract \$15 per course.

Please check if you are an ARM member

Payment Options:

- Check or Money Order payable to ARM of MN  
 Charge my credit card: \_\_ Visa \_\_ MasterCard

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Security Code # (3 digit # found on back of card) \_\_\_\_\_

Billing address for card \_\_\_\_\_

Signature \_\_\_\_\_ Total Due \$ \_\_\_\_\_

## PLEASE COMPLETE USING COURSE #

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

## Mail registration form and payment to:

ARM Registration Office  
12300 Dupont Avenue South  
Burnsville, MN 55337  
Fax: 952-707-1251

Suzanne Johnsrud  
888-733-4649  
registration@armofmn.com  
www.armofmn.com

Confirmation letter will be sent via email and U.S. Mail to each registrant following receipt of payment.

## Office Use Only

Check # \_\_\_\_\_ Amt \_\_\_\_\_ Rec'd \_\_\_\_\_ Deposited \_\_\_\_\_ CC Auth. \_\_\_\_\_