



MARITIME INSTITUTE

I N C O R P O R A T E D

REGISTRATION FOR ONLINE COURSES

THIS FORM IS FOR MAIL OR FAXED REGISTRATIONS

Please note you can register by phone as well: 888-262-8020

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

Legal Name - Last, First, Middle: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone - Area Code + Number: _____ - _____

Alternative Phone - Area Code + Number: _____ - _____

E-Mail Address: _____

Last 4 digits of Social Security Number: _____

COURSE POLICIES

I am aware of the Coast Guard requirements for the license I am applying for, or

I do not want a U.S. Coast Guard license, I am taking the course for educational purposes only.

Courses:

OUPV/100 Ton Master AB Seaman Sailing Towing

Citizenship:

I am a U.S. Citizen Yes No

If other, specify: _____

By signing and submitting this form, you are certifying that you are aware of and agree to all terms, conditions and requirements of the course, made by Maritime Institute, Inc., the United States Coast Guard, or by any educational entity involved with a degree program should you be seeking academic credit or other certification for completed coursework.

Information is available at <http://www.maritimeinstitute.com>, or by contacting Maritime Institute, Inc. at 888-262-8020.

Signed: _____ Date: _____

IF FAXING, Send To: 619-523-9178 - INCLUDE CREDIT/DEBIT CARD INFO:

Name on card: _____ Card No.: _____ Exp. Date: _____

Security Code on back of card: _____ (3 or 4 digits)

We accept Mastercard, Visa, Discover, and American Express cards; cash, checks and money orders.

BY MAIL: return this form with payment to:
Maritime Institute Inc.
1310 Rosecrans St., Suite G
San Diego, CA 92106-4610