



**Public Safety Training Facility**

**NON-CREDIT REGISTRATION FORM**

**(PLEASE PRINT CLEARLY)**

THE CORRECT SPELLING OF YOUR NAME ON YOUR CERTIFICATE DEPENDS ON IT

**Please return to:** Marcie Schnur, [marcie.schnur@bc3.edu](mailto:marcie.schnur@bc3.edu)  
or mail to: BC3, Public Safety Training Facility, Attn. Marcie Schnur  
107 College Drive, Butler, PA 16022

\_\_\_\_\_  
LAST NAME FIRST NAME MI

\_\_\_\_\_  
STREET ADDRESS CITY

\_\_\_\_\_  
STATE ZIP CODE COUNTY OF RESIDENCE

\_\_\_\_\_  
DATE OF BIRTH SEX M/F

( ) ( )  
CELL Phone DAYTIME PHONE

\_\_\_\_\_  
E-MAIL ADDRESS  
(RECEIVE BC3, PSTF TRAINING INFORMATION)

\_\_\_\_\_  
SIGNATURE DATE  
*Your signed registration authorizes BC3 to forward student information to the Pennsylvania State Fire Academy*

ARE YOU A HIGH SCHOOL STUDENT? ☐ YES ☐ NO

ARE YOU A PERMANENT RESIDENT OF PA? ☐ YES ☐ NO

PLEASE ENROLL ME IN THE FOLLOWING NONCREDIT  
COURSE/WORKSHOP/SEMINAR/CERTIFICATION

Class Name:

Class Location:

Class Date(s):

\_\_\_\_\_  
PUBLIC SAFETY AFFILIATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

01/08 BC3 IS AN EOE/AA INSTITUTION

**PAYMENT AUTHORIZATION:**

MAKE CHECKS PAYABLE TO: **BUTLER COUNTY COMMUNITY COLLEGE**

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WOULD YOU LIKE TO INVOICE YOUR FIRE DEPARTMENT? IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION:

**PERSON AUTHORIZING TO PAY THE INVOICE:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CELL PHONE NUMBER:( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PO NUMBER OR OTHER MISC INFORMATION: \_\_\_\_\_