



Your  
Age \_\_\_\_\_

Check       Cash       Credit Card

Check # \_\_\_\_\_

\_\_\_ Visa

\_\_\_ MasterCard

Credit Card Number # \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Employer's Name \_\_\_\_\_

**Fee \$ 20 - No Money Refund**

1930 R Street, Bakersfield, CA 93301

Phone 661.323.7219

Fax 661.323.7266

**Mail or FAX back, with payment**