



# Commercial Drivers License (CDL) Training Student Information/Registration Form

Per federal requirement FMCSA 391.11 (2) student must be able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records.

COURSE: CDL A CDL B START DATE: \_\_\_\_\_

Student \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ Phone \_\_\_\_\_

NOTE: must have valid email address and phone where you can be reached. This is the way we communicate with you.

Have you ever had a CDL permit? No Yes – when? \_\_\_\_\_

### If you wish to register for the program, you must complete the information below.

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ For demographic purposes only

Driver's License # \_\_\_\_\_ Exp \_\_\_\_\_ St \_\_\_\_\_ Male Female

Are you a Veteran : Yes No

Emergency Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

High School Diploma--Year \_\_\_\_\_ GED – Year \_\_\_\_\_

#### Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- Race and ethnicity unknown
- Two or more Races
- White, Non-hispanic

Student's Statement: I have read, understand and agree to abide by the part-time program refund policy. If my expenses are paid by an employer or agency, I hereby accept financial responsibility for tuition, books, and lab fees should they not pay on a timely basis. I give permission to the school to supply educational information to the company or agency paying for the program. Your financial obligations must be met prior to starting a program.

Withdrawal	Tuition Refund
Before second (2 <sup>nd</sup> ) class session	100%
On or after second (2 <sup>nd</sup> ) class session	No Refund

CDL A Tuition and Fees	\$5,500
CDL B Tuition and Fees	\$3,300

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY: PAYMENT INFORMATION

Self Pay Cash Check Check No. \_\_\_\_\_ Credit Card MC Visa Discover # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CSV \_\_\_\_\_ Email Associated with Credit Card \_\_\_\_\_

GI Bill/VA Loan \_\_\_\_\_ Other \_\_\_\_\_ Agency \_\_\_\_\_ Agency Rep \_\_\_\_\_

Employer \_\_\_\_\_ Contact \_\_\_\_\_ Phone: \_\_\_\_\_