



Commercial Driver's License Training Application Form

Student will complete and return this form to Career Transitions with all required documents and fees: 189 Arden Drive, Belgrade, MT 59714. Contact: 406-388-6701 or ct@careertransitions.com. Driving instruction will begin when a learner's permit (CLP) has been issued, student has submitted this form with CLP, driver's license, Medical Examiner Physical card, confirmation of scheduled test date(s), payment or billing information, and has passed a drug test.

Full Legal Name: _____
First Middle or initial Last

Mailing Address (street or P.O. Box) _____

City _____ State _____ Zip Code _____

Country of Citizenship _____ Date of Birth _____

Social Security Number (required for Headmaster testing) _____

Daytime Telephone _____ Email Address _____

Gender: Female Male Other _____ Prefer not to answer

Name of High School _____ City _____ State _____

Year of Graduation from high school _____ OR the year you passed the HiSET test _____

Postsecondary Credentials & Certifications _____

The following questions are for the purpose of government statistics and will not otherwise be shared:

1. Disability Status (Select One)

- None
- Yes
- Disability Affecting Employment
- Developmental Disability
- Learning Disability
- Prefer Not to Answer

2. Ethnicity (Select One): Hispanic Non- Hispanic

3. Race (Select all that apply.)

- White/Caucasian
- Asian
- Hawaiian or Pacific Island
- Black/African American

American Indian or Alaskan Native

Prefer Not to Answer

Driving Experience

List Type of Equipment Driven

1. _____
2. _____
3. _____
4. _____

Have you had experience driving a vehicle with a manual transmission? Yes No

What is your scheduled test date and time with DMV? _____

How did you find out about Career Transitions' CDL training? _____

**Submit completed application to: CAREER TRANSITIONS
P.O. Box 145
Belgrade, MT 59714**

If you have questions call (406) 388-6701 or email ct@careertransitions.com

Additional Agreements:

- The CDL student understands and agrees to training in a 1993 International truck. The success of the student is dependent upon a respectful relationship with the CDL instructors. The student should apply the presented information to this end: the safe and professional driving of the CT truck.
- The applicant is responsible for paying for all services. In the event that the CDL student does not pass the driving test, re-test fees will apply and must be paid in advance of the re-test. After consulting the CDL teacher, the student should contact the education coordinator for any additional training required and re-testing. Those services will not be provided until tuition is paid.
- The student will be liable for payment of all costs incurred by Career Transitions in the collection of past due obligations or collections on returned checks including court costs, service of process, and reasonable attorney fees.
- Following the CDL training the student agrees to communicate with a Career Transitions' staff member and to provide employment information. This will include the name of your employer and wages.
- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge and that I agree to the terms of Career Transitions.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Applicable Fees: Amount _____

Check Credit Card Cash Other _____

Copy of Front and Back of Current Driver's License

Copy of Learner's Permit

Current Medical Examiner's Certificate

Confirmation of Scheduled Test Date/Time from DMV _____

Name of Application Reviewer _____

Application Review Date _____ Accepted Declined, Reason _____

EXAMINATION Passed Failed

RETEST

Fees: Amount _____

Check Credit Card Cash Other _____

Retest Date/Time from DMV _____

Passed Failed