

CDL
Course Application

Do you now or have you ever held a CDL?

Y N

Do you plan to finance all or part of your education with VA benefits? Y N

The CDL course costs are about \$5795.00 but scholarships may be available. Do you have funding source now? Y N

If Yes, funding source to be used?

1. Requirements:

**Fill out a paper KCC Community Education Registration Form (attached).
HS Diploma/ GED**

2. Complete the Following:

Complete CDL Questionnaire.

Provide a copy of your Driver's License and Driver's Record.

*We request a 3-year non-employment driving record (\$1.50) can be found online at: https://dmv2u.oregon.gov/eServices/_/

Sign the Attendance/ Testing Policy Consent Form. Sign

the Drug Screening Consent Form.

Sign the Student Code of Conduct and Respectful Behavior

3. Acceptance

Schedule an appointment with Denise Martinez at KCC. By email at ce@klamathcc.edu or by phone 541-880-2243

Bring all completed documents, including a copy of your Driving Record and Driver's License.

CDL

Questionnaire

Pending review of all documents you will receive acceptance to enroll in the course.

Q1: Do you have any previous truck driving experience? Y N

If Yes, please explain:

Q2: In the past (5) years, have you had any driving accidents ? Y N

Date of Accident _____

Citation(s) Issued _____

Date of Accident _____

Citation(s) Issued _____

Q3: In the past (5) years, have you had any moving violations ? Y N

Date of Violation _____

Citation(s) Issued _____

Date of Violation _____

Citation(s) Issued _____

Date of Violation _____

Citation(s) Issued _____

Q4: Have you ever had any alcohol-related violations? Y N

Date of Violation _____

Citation(s) Issued _____

Date of Violation _____

Citation(s) Issued _____

Q5: Have you ever been convicted of a misdemeanor? Y N

Date of Conviction _____

Misdemeanor _____

Date of Conviction _____

Misdemeanor _____

Q6: Have you ever been convicted of a felony?

Y N

Date of Conviction_____

Felony Charge_____

Date of Conviction_____

Felony charge_____

Q7: Have you ever lost your driving privileges (suspension, revoked)? **Y N**

Date of Conviction_____

Reason_____

Date of Conviction_____

Reason_____

Q8: In the past (10) years, have you had a restricted driver's license? **Y N**

Date of Restriction_____

Reason_____

Date of Restriction_____

Reason_____

Student Printed Name

Student Signature

Date