NATIONAL TRUCK DRIVING SCHOOL

1816 Main Avenue 916-564-3455

Student Application

First Name:	Last Name:	Date of Bi	Date of Birth:			
Address:	City:	State:	ZIP:			
Main Phone #:	Secondary P	Phone #:				
Driver's License #:	Email:					
Permit EXP:	Driver's Li	Driver's License State:				
Emergency Contact		Relationship:				
Emergency Contact Phone	#:					
How did you hear about Na	tional Truck Driving School?					
			Yes	 No		
Can you read, write and	speak English clearly?					
Do you have a current va	lid driver's license?					
Do you have any physica	ıl or mental disabilities at this t	ime?				
Have you ever had your l	icense suspended or revoked t	for any reason?				
Have you sustained an o	n-the-job injury or been paid W	/orkers' Compensati	on?			
Have you ever been conv	victed of any type of felony / mi	isdemeanor charge?	,			
Enrollment Date:	Gı	raduate Date:				
Student Signature:						

NATIONAL TRUCK DRIVING SCHOOL

Be courteous to your instructors.
Remember you are a student,
and using company equipment,
so following instructions is

MANDATORY

- NO FOUL LANGUAGE
- NO DISRUPTIVE BEHAVIOR
 - Yelling
 - Arguing
 - o Etc.

Required Enrollment Check Off Items:

- 1. Copy of Driver's License
- 2. Department of Transportation Physical
- We can suggest a local doctor
 - plan to spend 30 minutes to 1 hour for this
- 3. Drug and Alcohol test

The physical and drug test is to be paid by a student at the doctor's office

The above items are required to begin the enrollment process

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Auto	Manual		Other
Student Name			
Full Tuition Fee:		Student Signature:	
Additional Fees:		Enrollment Date:	
Total Fees:		Owner Signature:	

NOTE: The total tuition fees must be paid before we take you to your DMV appointment

RETEST FEE: \$300 PER ATTEMPT

ATTENTION

ALL FEES ARE NON-REFUNDABLE AFTER ACCEPTANCE!!!

A COURSE HAS TO BE COMPLETED WITHIN 4-MONTHS PERIOD.

UPON EXPIRATION OF THIS AGREEMENT, ADDITIONAL FEES MAY BE APPLIED.

PRICE IS SUBJECT TO CHANGE AT ANY TIME.

	Cash	Check	Check #	Card	Balance Remaining	Payment Date	Received By	Student Signature
Payment 1								
Payment 2								
Payment 3								
Payment 4								
Misc Fees								



CALIFORNIA COMMERCIAL DRIVER BEHIND THE WHEEL TRAINING CERTIFICATION

A person applying for their first Class A or first Class B commercial driver license must submit this completed form to the Department of Motor Vehicles prior to being issued a commercial driver license. California Vehicle Code (CVC) §15250.1 requires a minimum of 15 hours of behind the wheel training, at least 10 of which shall be on a public road. Every 50 minutes of driving time is deemed an hour training.

SECTION 1	— APPLI	CANT INF	ORMATI	ON			
TRUE FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)				DRIVER LICE	NSE NUMBER	CLASS OF LICENSE APPLIED FOR Class A	
ADDRESS						DATE OF BIRTH (MM.	/DD/YYYY)
CITY						STATE	ZIP CODE
SECTION 2	— BEHIN	D THE W	HEEL TR	AINING L	OG (CVC §15250.1)		
Training Date	Class License (A or B)	Training Hours (Public Property)	Training Hours (Private Property)	Training Hours Total	Instructor's Printed Full Name and Address (Street, City, State, Zip Code)		Instructor's Commercial Driver License Number and State of Issuance
Example: 06/05/2020	A	0.0	0.0	0.0	John Doe, 123 Main St., Anytow	John Doe, 123 Main St., Anytown, CA 99999	
SECTION 3	— CERTI	TOTAL (PUBLIC)	TOTAL (PRIVATE)	TOTAL HOURS			

and correct. I further certify (or declare) under penalty of perjury that I have met the behind-the-wheel training

requirements of CVC §15250.1.

DATE

Certificate of Graduation

IS AWARDED TO

COMMERCIAL DRIVER'S LICENSE

Granted on this day of

FROM NATIONAL TRUCK DRIVING SCHOOL



INSTRUCTOR

Balhar Ranu

INSTRUCTOR

Kashmir Thandi

(916) 564-3455

