New Member Application: Pre-CDL Schools & Training Providers

Name of Training Provider

Primary Location Address

Year Training Provider/School Began Operations

US DOT Number

Location TPR Number [If Applicable]

Do you operate under different Brand Names or dba? ☐ YES ☐ NO

If Yes, please List all business names your training program are currently operating under including state approved trade, fictitious and/or dba names.

Training Provider or School Owner Name

Primary Contact

Primary Contact Phone

Primary Contact Email

Website

Number of Pre- CDL Training Locations

List all States this Training Provider is currently operating

Are you Accredited by a Third Party Accrediting Body? ☐ YES ☐ NO

If yes, please list the name of training provider's Regional/National Accrediting Body

Training Provider Operating Authority License Category:

☐ Private Licensed School*
☐ Public Community College
☐ Private Licensed / Non-Profit*
☐ Private Licensed Motor Carrier Training Program

☐ Other _____

*If private, do you operate any Community College programs as a contractor?

If yes, please list all State Community Colleges with whom you conduct training on site or in partnership at Training Provider/School locations.

Do you Participate in Government/State Funding Sources Available to Eligible Students?

☐ Title IV
☐ WIOA
☐ Veterans Benefits

☐ Other (1) _____

☐ Other (2) _____

Do you offer/award internal tuition scholarship opportunities to students? ☐ YES ☐ NO

State Specific Pre-CDL Program/Course Approval & Operations Compliance

Are you licensed as a Training Provider or School in each State you operate? ☐ YES ☐ NO ☐ OTHER   * Click all that apply

If YES- Name of State Agency who approves your program for Pre-CDL Training (Dept. of Ed., DMV,etc.)

Date State Licensing Agency approved your company to operate a Pre-CDL Training program/course in State

IF NO -Are you required to obtain exemption documentation to operate a Pre-CDL training program in State? ☐ YES* ☐ NO * if yes, please attach exemption documents

Date of State License Exemption (if Applicable)

Do State Regulatory Agencies require you to file annual disclosures for funding eligibility? ☐ YES ☐ NO * if yes, please include most recent disclosure year

Are you a State approved Third-Party CDL Examination Center?	☐ YES	☐ NO	

If YES- What State(s) are you a licensed third-party CDL Examination/ Road Testing Center?

If you are a motor carrier, and require your employees to enter into a contract to receive Pre-CDL training from your company, do you require repayment for any portion of the Pre-CDL training received by the employee if the contract terms are not met by the employee and/or terminated prematurely?	☐ YES	☐ NO	

IF YES- What is the repayment term of the contract?

How Many Students Graduated from your Class A Course(s) over the past 12 months?	**Class A Graduates**

How Many Students Graduated from your Class B Course(s) over the past 12 months?	**Class B Graduates**

Does your school use a course catalog outlining the School's admissions policies, procedures, cost, and other requirements? **[Include Program/Student Catalog with your application]**	☐ YES	☐ NO

Please enter below the corresponding Page Number(s) from the Training Provider's Catalog referencing the location of each CVTA required information disclosure listed #1-19.	**Catalog Page Number(s)**
1 Name and Physical Address of the Pre-CDL Training Provider	
2 Date and Volume Number of Publication	
3 Admissions, Enrollment & Entrance Requirements	
4 Pre-CDL Training Program Offered; Program/Course Name, Occupational Objective(s) & CDL Class Training is being Provided.	
5 Number of Clock Hours or Credit Hours of Pre-CDL instruction a student must complete in order to graduate from the Program/Course.	
6 Lessons (topics) included in the distance portion of the Pre-CDL Course/Program, and Length of Time required for a Pre-CDL Student To Complete The Distance Education Portion of their Training Program.	
7 A Description of the Training Provider 's Physical Facilities (As Applicable)	
8 Policies Relating to Tardiness, Absences, Make-Up Work, Conduct, Termination and Other Rules of the Training Provider.	
9 Training Provider's Grading System used to measure/quantify Pre-CDL Student Knowledge and Practical Skills Progression towards Proficiency.	
10 Pre-CDL Program/Course Student Requirements For Graduation.	
11 Credential Awarded At Graduation (Certificate, Diploma, Etc.)	
12 Tuition or Other Charges or Contracted Terms, or Fees Disclosure.	
13 Cancellation and Refund Policy. Note: This should Be Identical to the Policy Listed in the Enrollment Agreement.	
14 Description of Job Placement Assistance For Students and Graduates.	
15 Description of Student Services.	
16 Official Training Calendar, including ALL scheduled Holidays/Closures & Pre-Scheduled Start/Ending Dates of Student Terms, Courses, Programs.	
17 A Statement Which Clarifies That There is No Guarantee Credits Will Transfer (If Applicable)	
18 Policy For Remedial Training Hours Offered to Students	
19 Policy and Procedures covering DOT Drug & Alcohol Testing, Medical, or other requirements (As Applicable).	

Does your school identify in its literature / catalog the length of the program(s)?	☐ YES	☐ NO
Does your school clearly indicate course cost/tuition or contract terms?	☐ YES	☐ NO
Does your school drug testing program meet Federal DOT guidelines?	☐ YES	☐ NO
Does your school drug testing program include a Quarterly Driver Random Pool?	☐ YES	☐ NO
What is the Name of your Third Party C/TPA?	_____	
Are you registered with and using the FMCSA Drug Test Clearinghouse?	☐ YES	☐ NO
Do all Pre- CDL Instructors employed have 2 or more years of industry experience?	☐ YES	☐ NO
*If no, do all Pre-CDL Instructors you employ have 2 or more years teaching experience?	_____	
Do you record individual CDL driving exam results for all Pre-CDL Students/Graduates?	☐ YES	☐ NO
If yes, what is your Pre-CDL Student/Graduate first time pass rate (%) over last 12 months.	_____	

Advertising

Do you use superlatives? (i.e. oldest, best, fastest, etc.)	☐ YES	☐ NO
Does the words "free," or "no cost" appear anywhere in your advertising?	☐ YES	☐ NO
Does your School document or cite information about all of the above?	☐ YES	☐ NO

Does your school advertise on social media? Please click all those that apply:

☐ Facebook
☐ Instagram
☐ LinkedIn
☐ Craigslist
☐ Twitter
☐ Other

Does your school advertise any of the following:

☐ Placement Percentage
☐ Number of Jobs Available
☐ Starting Wages or Salary
☐ Graduation Rates
☐ CDLExam Pass/Fail Rates
☐ Industry Affiliations
☐ Government Affiliations
☐ Employment Affiliations
☐ Employment Projections

Class A Pre-CDL Program/Course List Offered by Training Provider -

List All Individual Courses within the Program (if Applicable)

	Program/Course Title	Number of Clock Hours
1		
2		
3		
4		
5		
6		
7		
8		

*Complete (1) One Individual Course Form For Each Pre-CDL Training Program/Course Offered at this Training Provider's TPR Location Number

Pre-CDL Program/Course Name	_____
Classroom Facility Address	_____
CDL Skills Range Facility Address	_____

Course Lesson Plan (Required under 49 CFR § 380.725)

If the lesson plan is available in an electronic document format, Please Insert docushare link, Web URL or attach electronic document copy to application.

Student Course Syllabus

If the course outline is available in an electronic document format, Please Insert docushare link, Web URL or attach electronic document copy to application.

Training Program Information

Class A or B Pre-CDL Training Course	☐ CDL-A ☐ CDL-B
Student Attendance/TP Reports Time in 50 -or- 60 Minute Hours	☐ 50 Min Hour ☐ 60 Min Hour
Do you conduct Student training on equipment with a Manual or Automatic Transmission?	☐ Automatic ☐ Manual ☐ Both
Training Equipment: Power Unit Transmission Speed	_____
Training Equipment: Trailer Type & Legnth	_____
Student: Instructor Ratio Classroom Section	_____
Student Instructor Ratio Road Section	_____
Student Instructor Ratio Range Section	_____
Total Course Hours	_____
Individual Classroom/ Theory Hours	_____
Individual Road and Range Theory Hours	_____
Individual BTW Hours (Range)	_____
Individual BTW Hours (Road)	_____
Individual Simulator Hours (if any)	_____
Individual Coupling/Uncoupling Hours	_____
Individual Pre-Trip/Post Trip Hours	_____
Individual Observation Hours	_____
Individual Training Hours **Other** * Please provide detailed explanation of learning activity	_____

Does the Training Provider Include Student Pre/Post Trip Inspection Hours in the BTW or Classroom/Theory section of the Course? *** Please Check All That Apply**

☐ Classroom/Knowledge Section   ☐ Range Section [BTW]
☐ Road Section [BTW]

Student BTW Training Documentation Details

Do you use:

Student Log Books	☐ YES	☐ NO	☐ N/A
Daily Range Sheets	☐ YES	☐ NO	☐ N/A
Road Trip Sheets	☐ YES	☐ NO	☐ N/A
ELDs	☐ YES	☐ NO	☐ N/A
Mock CDL Exam	☐ YES	☐ NO	☐ N/A
Other (Please Explain)	☐ YES	☐ NO	☐ N/A

Student BTW Evaluation Documentation / Transcripts

Insert DocShare Link, Web URL and/or Attach File to PDF Application

Training Provider Uses a Distance Education Provider to Deliver All Pre-CDL Theory Instruction	☐ YES ☐ NO
Distance Education Provider Name	
Training Provider Uses Distance Education Provider for Supplemental Student Training Materials	☐ YES * ☐ NO

*% overall program/course is considered **Distance Education**_____

Training Program Information

Training Provider Uses Licensed Theory Curriculum and/or 3rd Party Training Materials	☐ YES* ☐ NO

*If Yes, please fill in the requested info on the next page

Title of Text	Author / Publisher

Student Training Schedule Details

Student Training Schedule / Published Course Offering Dates

Number of Scheduled Training Days

Days of the Week Course is Scheduled "in Session"

Times of Day Course is Scheduled to be "in Session"

Insert DocShare Link, Web URL and/or Attach File to PDF Application

Graduate Credential Awarded

Example of Graduate Diploma, Certificate, Award, etc.

Diploma ☐
Certificate ☐
Degree ☐
Other ☐

Insert DocShare Link, Web URL and/or Attach File to PDF Application

Graduate Documentation/Record Requirements

Do You Retain Self-Certifications By All Accepted Applicants For Behind-The-Wheel (BTW) Training Attesting That They Will Comply With U.S. Department Of Transportation Regulations In Parts 40, 382, 383 And 391?   ☐ YES   ☐ NO

Do You Retain Self-Certifications By All Accepted Applicants For State And/or Local Laws, Related To Alcohol And Controlled Substances Testing, Age, Medical Certification, Licensing, And Driver Records, As Required In 380.707(a).   ☐ YES   ☐ NO

Graduate Documentation/Record Requirements

How long do you retain copies of required student record/documents in the student's file?

Do You Retain A Copy Of The Driver-Trainee's Commercial Learner's Permit(s) Or Commercial Driver's License [as described under 380.707(a).]   ☐ YES   ☐ NO

Do You Retain Records Of Individual Entry-Level Driver Training Assessments? [as described under §380.715]   ☐ YES   ☐ NO

Legal

Do you Have any pending legal activities?   ☐ YES   ☐ NO

If YES- Please Explain

Has your school been sanctioned or received a warning by any government or third-party agency or organization in the past 5 years?   ☐ YES   ☐ NO

If YES- Please Explain

Please name all Association Membership Affiliations [if any]

Chief Executive Officer/ President

Program Director for Training Provider Location

Name of Individual Completing Document

Individual Completing Document Affiliation With Training Provider

Direct Phone Number

Direct Fax Number

Email Address (*This will be the primary email used for Training Provider correspondence)

I certify all information reported by the New CVTA School/Training provider applicant is true and correct to the best of my knowledge.

I certify that my schools curriculum meets Entry Level Driver training rule 49 CFR Parts 380, 383, and 384I

I certify that I have registered my school with FMCSA's Training Provider Registry

Signature of Individual Completing Document

Date