



**Minnesota  
North College**  
Customized Training  
Solutions

**BEGIN YOUR CAREER IN THE  
TRANSPORTATION  
INDUSTRY WITH US!**

# COMMERCIAL DRIVER'S LICENSE TRAINING

**A CDL class that fits YOUR  
timeline and schedule**

Attend our Zoom orientation session on the first day. Complete the Entry Level Driver Training (ELDT) Theory Training online at your own time and speed within 30 days. Then attend our pre-trip class and schedule your behind the wheel training for Class A or Class B. Flexible drive times available with our experienced instructors.





ENTRY-LEVEL COMMERCIAL DRIVER LICENSE (CDL)  
HYBRID TRAINING  
**REGISTRATION FORM**

**CLASS SELECTION: (SELECT THOSE THAT APPLY)**

- ELDT THEORY TRAINING CLASS \$495.00 + BOOK \$50
- CLASS A BEHIND THE WHEEL \$5,000.00
- CLASS B BEHIND THE WHEEL \$2,500.00
- HAZMAT ENDORSEMENT TRAINING: \$195.00 + BOOK \$30
- PASSENGER ENDORSEMENT TRAINING: \$195.00 + BOOK \$30
- SCHOOL BUS ENDORSEMENT AT \$495. + BOOK \$30

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

PAYMENT INFORMATION:

ENCLOSE A CHECK MADE PAYABLE TO: MN NORTH COLLEGE CUSTOMIZED TRAINING SOLUTIONS

1515 EAST 25TH STREET, HIBBING, MN 55746.

PAYMENT MUST BE MADE NO LATER THAN 24 HOURS OF FIRST DAY OF CLASS.

BUSINESS PURCHASE ORDER (ATTACH TO REGISTRATION FORM)

GRANT:  DISLOCATED WORKER  WIOA  OTHER

**EMPLOYMENT COUNSELOR'S**

AGENCY NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE CHARGE MY:  VISA  MASTERCARD  DISCOVER

PLEASE CONTACT OFFICE DIRECTLY TO PAY WITH CREDIT CARD 218-293-6920  
PAYMENT MUST BE SECURED PRIOR TO THE START OF TRAINING

CDL COORDINATOR:  
JEFF MAYER 218.750.7596 (CELL)  
JEFFREY.MAYER@MINNESOTANORTH.EDU (EMAIL)



## *CDL STUDENT RESPONSIBILITIES AGREEMENT*

### *CDL PERMIT, DOT EXAMINATION, DRUG SCREEN:*

*AS A STUDENT, I UNDERSTAND THAT I WILL NOT BE ABLE TO DRIVE A STATE-OWNED TRUCK UNTIL I OBTAIN A VALID CDL LEARNERS PERMIT AND HAVE SUCCESSFULLY PASSED AND COMPLETED A DOT PHYSICAL AND A 5-PANEL DRUG SCREENING. IT IS ALSO MY RESPONSIBILITY TO SHOW A COPY OF MY LEARNER'S PERMIT AND DOT MEDICAL CARD TO AN CUSTOMIZED TRAINING SOLUTIONS CDL INSTRUCTOR OR THE PROGRAM COORDINATOR UPON REQUEST.*

### *NO SHOW STUDENT DRIVING:*

*AS A STUDENT OF THE PROGRAM, I WILL BE EXPECTED TO SHOW UP FOR MY SCHEDULED BTW (BEHIND THE WHEEL) TIME WITH MY ASSIGNED INSTRUCTOR. IF FOR ANY REASON I CANNOT ATTEND THE SCHEDULED TIME TO DRIVE, I AM TO NOTIFY THE INSTRUCTOR NO LATER THAN 24 HOURS IN ADVANCE TO RESCHEDULE. IF THERE IS AN UNFORESEEN EMERGENCY AT THE LAST MINUTE, IT IS STILL UP TO ME TO CONTACT THE INSTRUCTOR OF MY ABSENCE. IF I FAIL TO COMMUNICATE THAT I WILL NOT BE PRESENT FOR MY SCHEDULED DRIVE TIME, THOSE SCHEDULED HOURS WILL BE REMOVED FROM MY ALLOWED BTW DRIVE TIME ALLOCATION.*

### *TIME LIMITATION OF UNUSED BTW DRIVE TIME:*

*AS A STUDENT OF THIS PROGRAM, I WILL BE EXPECTED TO COMPLETE MY BTW DRIVING NO LATER THAN SIX (6) MONTHS FROM THE START OF THE CDL CLASS UNLESS THERE ARE EXTENUATING CIRCUMSTANCES THAT WOULD PROHIBIT THIS FROM HAPPENING AND MUST BE REQUESTED IN WRITING BY ME. BARRING THESE CIRCUMSTANCES, ONCE SIX MONTHS OF TIME HAS ELAPSED, I WILL LOSE ANY REMAINING UNUSED BTW DRIVE TIME.*

### *CDL CANCELATION AND REFUND POLICY:*

*MN NORTH COLLEGE - CUSTOMIZED TRAINING SOLUTIONS RESERVES THE RIGHT TO CANCEL A CLASS UP TO 48 HOURS PRIOR TO THE COURSE START DATE. IF A CLASS IS CANCELED WITHIN THIS TIME PERIOD AND PAYMENT HAS BEEN MADE, A FULL REFUND WILL BE ISSUED. IF YOU DECIDE NOT TO TAKE THE CLASS YOU REGISTERED FOR, A REFUND WILL BE ISSUED IF REQUESTED WITHIN TWO BUSINESS DAYS AFTER THE START DATE OF THE CLASS.*

*I ACCEPT AND UNDERSTAND THE TERMS OF THIS AGREEMENT AND AM WILLING TO COMPLY TO THEM WHILE BEING A STUDENT IN THE PROGRAM.*

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*PRINT STUDENT NAME*

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*STUDENT'S SIGNATURE*

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*PROGRAM START DATE*



## STUDENT VEHICLE USE AGREEMENT

*THE INFORMATION YOU ARE BEING ASKED TO PROVIDE WILL BE USED BY CUSTOMIZED TRAINING SOLUTIONS PERSONNEL TO DETERMINE YOUR QUALIFICATION TO DRIVE VEHICLES ON STATE BUSINESS. YOU ARE NOT REQUIRED BY LAW TO PROVIDE THIS INFORMATION BUT IF YOU DO NOT DO SO YOU WILL NOT BE APPROVED TO DRIVE VEHICLES ON STATE BUSINESS.*

*THE INFORMATION ON THIS FORM WILL BE ACCESSIBLE TO YOUR SUPERVISOR AND OTHER SYSTEM PERSONNEL WHO NEED THE INFORMATION FOR THEIR ASSIGNED WORK. YOUR DRIVER'S LICENSE NUMBER MAY BE USED TO OBTAIN A DRIVER'S LICENSE RECORD FROM THE DEPARTMENT OF MOTOR VEHICLES FOR EACH STATE WHERE YOU HAVE HELD A DRIVER'S LICENSE IN THE PAST FIVE YEARS.*

*THE COMPLETED FORM SHOULD BE RETURNED TO THE INDIVIDUAL DESIGNATED. BE ADVISED THAT PROCESSING AND APPROVAL MAY TAKE 7-10 WORKING DAYS. VEHICLES MAY NOT BE DRIVEN UNTIL YOU ARE NOTIFIED OF APPROVAL.*

DRIVER'S NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

ISSUED BY THE STATE OF \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EXPIRATION OF LICENSE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**DRIVER RESPONSIBILITIES:**

**DRIVER AGREES TO:**

- A. BE FAMILIAR WITH THE STATE'S AND AGENCY'S DRIVER'S LICENSE AND RECORD CHECK POLICY.
- B. MAINTAIN AN ACTIVE, VALID/APPROPRIATE DRIVER'S LICENSE.
- C. NOTIFY THE SUPERVISOR NO LATER THAN THE BEGINNING OF YOUR NEXT SHIFT AFTER LOSING YOUR DRIVER'S LICENSE THROUGH SUSPENSION, REVOCATION, CANCELLATION, DISQUALIFICATION, OR EXPIRATION.
- D. ABSTAIN FROM DRIVING A STATE VEHICLE AND/OR ON STATE-OWNED OR LEASED PROPERTY IF YOU DO NOT HAVE AN ACTIVE, VALID/APPROPRIATE DRIVER'S LICENSE.
- E. DRIVE RESPONSIBLY AND ADHERE TO ALL TRAFFIC LAWS.
- F. MAINTAIN LIABILITY INSURANCE ON YOUR OWN VEHICLE IF YOU USE IT FOR WORK PURPOSES. (LIABILITY INSURANCE IS REQUIRED FOR VEHICLES PER MN STATUTE 65B.48 SUBD.1.)

*I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DRIVER'S RESPONSIBILITIES NOTED ABOVE, AND AGREE TO ABIDE BY SUCH POLICIES AND GUIDELINES.*

*I AUTHORIZE CUSTOMIZED TRAINING SOLUTIONS TO OBTAIN MY DRIVER'S LICENSE RECORD FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST 5 YEARS. I ALSO UNDERSTAND THAT MY DRIVER'S LICENSE RECORD MAY BE OBTAINED AND REVIEWED ANNUALLY IN CONJUNCTION WITH THIS VEHICLE USE AGREEMENT.*

*I AGREE TO UPDATE THIS AGREEMENT IN THE EVENT OF A CHANGE TO ANY OF THE DATA SUPPLIED ABOVE. I ALSO AGREE TO INFORM MY SUPERVISOR IN THE EVENT OF LICENSE REVOCATION, RESTRICTION, OR SUSPENSION.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



SELF-CERTIFICATION FOR ACCEPTED APPLICANTS FOR  
BEHIND-THE-WHEEL (BTW) TRAINING AT:

CUSTOMIZED TRAINING SOLUTIONS  
1515 EAST 25TH STREET  
HIBBING, MN 55746

I, \_\_\_\_\_ certify that I will comply with U.S. Department of Transportation regulations parts 40, 382, 383 and 391, as well as 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). These regulations are available to me in the FMCSA regulation website (<https://www.fmcsa.dot.gov/regulations/title49/b/5/3>) or through request to my instructor(s).

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_