

## **CDL Training Request Form**

If you or your employee needs to attend a CDL school in order to obtain a Class A CDL, please complete the following form and return to the CDL Program POC prior to enrolling in a school.

Student Name:		Office Location:	
1.	Current Class A CDL Permit?		
	Yes, permit is attached <u>OR</u> has already be & Safety Officer	peen emailed to CDL Program POC and TFS Env	ironmental Health
	No, I have attached Department Head a cover additional costs out of local funds	approval to obtain my permit at the school and s	understand I must
2.	Signed Student Expectations Form Attac	ched? Yes No	
3.	Proposed School Information: ** School must be listed in the FMCSA ELDT Training Provider Registry: <a href="https://tpr.fmcsa.dot.gov/">https://tpr.fmcsa.dot.gov/</a> **		
	School Name:		
	School Location:		
	Total Cost:		
	Proposed Start Date:		
	Expected Number of Weeks at the School:		
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	Supervisor Name	Supervisor Signature	Date