

# Truck Driver Nation Freight Dispatcher Certification Program

## Student Profile - Pay-As-You-Go Enrollment Form

### Participant Information (Required)

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Current Address:**  
(Street Address) \_\_\_\_\_  
  
(City, State, ZIP Code) \_\_\_\_\_
  - **Preferred Contact Method:** ☐ Phone ☐ Email
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### Required Documents (Please Attach Copies)

#### 1. Valid Government-Issued ID (Required)

- ☐ Driver's License
- ☐ Passport
- ☐ State ID
- *Attach copy of ID:* ☐ Yes ☐ No

#### 2. Proof of Address (Required)

- ☐ Utility Bill
- ☐ Lease Agreement
- ☐ Bank Statement
- *Attach proof of address:* ☐ Yes ☐ No

#### 3. Work History (Last 5 Years) (Required)

- *Please provide the following details for each employer in the past 5 years:*

Employer #1

- Employer Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_

- Dates of Employment: \_\_\_\_\_
- Responsibilities: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Employer #2

- Employer Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Responsibilities: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Employer #3

- Employer Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Responsibilities: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Employer #4

- Employer Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Responsibilities: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Employer #5

- Employer Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Responsibilities: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

**4. Professional References (Required) (No Family or Friends)**

○ **Reference 1:**

- Name: \_\_\_\_\_

- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- **Reference 2:**
  - Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- **Reference 3:**
  - Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_

**5. Proof of Payment Method (Required)**

- **Card Type:** ☐ Debit ☐ Credit
- **Cardholder Name:** \_\_\_\_\_
- **Card Number (Last 4 digits):** \_\_\_\_\_
- **Expiration Date:** \_\_\_\_\_
- **Billing Address:** \_\_\_\_\_
- *Attach card authorization form:* ☐ Yes ☐ No

**6. Authorization for Payment Schedule (Required)**

- *By signing below, I authorize Truck Driver Nation to charge my payment method according to the terms outlined in the Pay-As-You-Go Payment Schedule.*
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**7. Completed Enrollment Form (Required)**

- *By submitting this form, I acknowledge that I have read, understood, and agree to the terms and conditions of the Freight Dispatcher Certification Program.*
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**8. Background Check Consent (Required)**

- ☐ I consent to a background check to verify my work history and professional references.
- **Signature:** \_\_\_\_\_

○ **Date:** \_\_\_\_\_

**9. Social Security Number (SSN) or Employer Identification Number (EIN)**

- **SSN (if applicable):** \_\_\_\_\_
- **EIN (if applicable):** \_\_\_\_\_

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**Additional Requirements**

- **Access to Technology:**
  - ☐ I confirm that I have access to a computer or smart device with reliable internet to complete the virtual program.

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**By signing this form, you agree to comply with all requirements and terms of the Freight Dispatcher Certification Program provided by Truck Driver Nation.**

**Signature of Participant:** \_\_\_\_\_

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

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This form covers all the essential documentation needed for enrollment in the program, making it clear to participants what they must provide in order to qualify.

**Certification and Authorization:**

*By typing my full legal name below, I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that typing my name constitutes my electronic signature and is legally binding.*

**Name (Typed):** \_\_\_\_\_

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

**Submission Instructions:**

*After completing this application and typing your name as your electronic signature, please:*

1. **Save** a copy of the completed form to your computer, tablet, or phone.
2. **Email** the saved application as an attachment to:  
[Support@TruckDriverNation.com](mailto:Support@TruckDriverNation.com)
3. **Call Truck Driver Nation** at (210) 343-1118

*Thank you for applying with Truck Driver Nation!*