

SWBE CDL SCHOOL APPLICATION

APPLICANT INFORMATION

Full Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

E-mail:

LICENSE INFORMATION

Do you have a valid driver's license? YES NO (CIRCLE ONE)

DL Number:

State:

Expiration Date:

Is your license valid currently?

Do you currently have a CDL License? YES NO If yes, what type?

Have you had any at-fault accidents in the last year?

Have you had any drug or alcohol related driving offenses in the last 5 years?

Have you been convicted of a misdemeanor in the last 5 years?

Have you been convicted of a felony in the last 10 years?

Are you currently on probation or parole?

Do you have military experience? YES NO If yes, what branch?

WHY DO YOU WANT TO ATTAIN A CDL LICENSE?

Please tell us why you want to get your CDL?

EMERGENCY CONTACT

Name of an emergency contact:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SIGNATURES

I authorize the verification of the information provided on this application for the CDL School to attain my MVR. If requested, I will receive a copy of this application after submitted.

Signature of applicant:

Date: