

The CMV Tutor LLC - Student Registration Form

Contract Number _____

Date: ___ / ___ / ___ Training Start Date: ___ / ___ / ___

Student Name: Last Name _____

First Name: _____ Middle Initial: _____ Suffix: _____

Phone: (_____) _____ - _____ E-mail: _____

Address: _____

City: _____ State: _____ County: _____

Date Of Birth: _____ / _____ / _____

Driver's License #: _____ State: _____

Class: _____ Permit: YES / NO #: _____

DOT Physical Completed: YES / NO Self Certified: YES / NO

Drug Screening: YES / NO *Circle One:* Private Enrollment / Allied Trainee

Program: Class "A" Manual - Class "A" Auto - Class "B" Manual
Class "B" Auto – BTW Refresher – Theory Only – BTW Only - HazMat

Program Pricing: _____ Assigned Instructor(s): _____

Completed Contract: YES / NO

Contract Signed Date: ___ / ___ / ___

Vehicles Operated: _____

_____ Bobtail / Trailer # _____