



Commercial Driver Training

4722 Pacific Hwy, Bellingham, WA 98226, Ph: 360/318-7617, email: alfred@pegasuscorp.us

Enrollment Agreement (Contract)

This enrollment agreement, Contract # \_\_\_\_\_, is between the above named school, and

Student Name: \_\_\_\_\_ SS # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

The school agrees to provide the following training:

Course or program title: Commercial Driver Training, Class \_\_\_\_\_

NOTE: A PORTION OF THESE COURSES ARE PROVIDED VIA PORTABLE HARD DRIVES (CLASSROOM AND LAB)

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Please check appropriate box or boxes

CDL CLASS A This training will cost: Tuition .....\$3600.00 Program consist of \_\_\_\_\_ weeks @ \_\_\_\_\_ hours per week = 160 hours total

CDL CLASS B This training will cost: Tuition.....\$2000.00 Program consist of \_\_\_\_\_ weeks @ \_\_\_\_\_ hours per week = 80 hours total

UPGRADE TO CLASS A This training will cost: Tuition .....\$2000.00 Program consist of \_\_\_\_\_ weeks @ \_\_\_\_\_ hours per week = 80 hours total

HAZARDOUS MATERIALS TRAINING This training will cost: Tuition.....\$500.00 Program consist of \_\_\_\_\_ weeks @ \_\_\_\_\_ hours per week = 16 hours total

\*\* PASSENGER / SCHOOL BUS ENDORSEMENT This training will cost: Tuition (PLEASE NOTE: This is in addition to Class A or Class B tuition, unless student has current CDL) .....\$750.00 Program consist of \_\_\_\_\_ weeks @ \_\_\_\_\_ hours per week = 30 hours total

REFRESHER TRAINING: Our Refresher Training Program is based on an hourly rate of \$120.00 per hour, with a 4 hour minimum. Or you can enroll in our one week (35 hour) Refresher Training Program for \$1900.00.

Additional Costs:

Table with 3 columns: Paid to, Description, and Total additional Costs (Est). Rows include Service Provider NIDA Drug Screen, DOT Physical, Dept of Licensing DOL Knowledge tests, CDIP (Learner's Permit), Driving Record, CDL Skills Test, and Commercial Drivers License Fee.

Method of Payment (Circle): Cash Credit Card (ADD 2.75%) Scholarship Third Party (Voc Rehab, L&I, Employer)

Please list third party payer: \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Monthly Payment (If applicable):\$ \_\_\_\_\_ Loan Payment (if applicable):\$ \_\_\_\_\_



**Notice to Buyer:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**Cancellation of Contract:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and Holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In the event of dispute over timely notice, the burden to prove service rests on the sender.

**Unfair business Practices:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Payment method: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_  
CC/CK/Public funding (DVR, Worksource, VA, etc)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent or Guardian's Name (If applicable): \_\_\_\_\_

NOT REQUIRED FOR CDL PROGRAMS. STUDENTS MUST BE AT A MINIMUM 18 YEARS OF AGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Authorized School Representative: \_\_\_\_\_

Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to the Workforce Training and Education Coordinating Board, 128 10<sup>th</sup> Ave SW, PO Box 43105, Olympia, WA 98504-3105 (360-709-4600)



## Commercial Driver Training

4722 Pacific Hwy, Bellingham, WA 98226, Ph: 360/318-7617, email: [alfred@pegasuscorp.us](mailto:alfred@pegasuscorp.us)

# NOTICE

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addenda to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

### Acknowledgement by enrollee:

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I Understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

### Acknowledgement by the School:

Prior to being enrolled in this school, the applicant whose name and signature appear below, has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay, given employment opportunities and average starting salaries in his/her chosen occupation.

---

Name: Please Print

---

Signed

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

---

Company Representative Signature

---

Title

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_



## Commercial Driver Training

4722 Pacific Hwy, Bellingham, WA 98226, Ph: 360/318-7617, email: [alfred@pegasuscorp.us](mailto:alfred@pegasuscorp.us)

### Attachment B

#### HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

#### DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

#### ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp).
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

#### ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_