NNCT CDL TRAINING

"Train With Us And Experience The Difference!"

GALLUP CAMPUS	ALBUQUERQUE CAMPUS	MAILING ADDRESS	PH: (505) 721-9071
193 N US-491	1309 YALE BLVD SE	PO BOX 55	FAX: (505) 444-6497
GALLUP, NM 87301	ALBUQUERQUE, NM 87106	GALLUP, NM 87305	WEB: NATIVENATIONSCDL.COM

STUDENT PRE-ENROLLMENT FORM

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Telephone: _____ ❑ daytime ❑ evening ❑ cell

Email Address: _____

ENTER CLASS DATE YOU WISH TO START:

Choose your Course(s)

Class A Tractor Trailer

Class B Passenger Bus

Driver Refresher

Which Campus are you applying to: _____

Do you need financial assistance/Tuition Payment Plan? ❑ yes ❑ no

What is your funding source or agency? _____

Caseworker's Name (If Applicable): _____

<div align="center">Name   Contact # or Email address</div>

I hereby apply for enrollment at NNCT in the Commercial Driver Training Course I have chosen. A representative has provided me with a digital or printed copy of the current 2021 School Catalog and explained the programs and terms of the Student Enrollment Agreement and any Financial Options or Agreements Accepted. NNCT does not guarantee employment nor guarantee any transfer of credits. I hereby agree to the terms, policies, or conditions set forth by any signed agreements made between myself and NNCT. *STUDENT INITIALS:* _____

I have read and understand the above information.

_____
Applicant signature

_____
Print Name (title if applicable)

_____
Date