

Susquehanna County Career and Technology Center  
2380 Elk Lake School Road  
Springville, PA 18844  
Phone: (570) 278-9229 Fax: (570) 278-3913

## COMMERCIAL DRIVER'S LICENSE (CDL) PROGRAM APPLICATION

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone (s) \_\_\_\_\_ Driver's License Number \_\_\_\_\_

D.O.B. \_\_\_\_\_ Email \_\_\_\_\_

Education: Circle Highest Grade Attended: GED, HIGH SCHOOL – 7 8 9 10 11 12 , COLLEGE – 1 2 3 4

**Please answer the below questions for statistical and possible scholarship purposes:**

Are you a current service member or veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ divorced/separated

Ethnicity/Race: \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Multi-Racial  
\_\_\_\_\_ White/Caucasian \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Non Binary. Are you a parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you homeless? Yes \_\_\_\_\_ No-----

**Please list a person for emergency contact purposes.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that the above answers are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Full tuition payment is required prior to the start of the program, please make checks payable to: SCCTC**

**For Office Use Only:** Student PPID \_\_\_\_\_

Payment Information: \_\_\_\_\_ date received \_\_\_\_\_ Payment form received: \_\_\_\_\_

The Susquehanna County Career and Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, age or veteran status in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Susquehanna County Career and Technology Center's Title IX Coordinator or the Section 504 Coordinator at 2380 Elk Lake School Road, Springville, Pennsylvania 18844 or 570-278-6783.E.O.E.

**PLEASE SUBMIT REQUIRED DOCUMENTS LISTED ON BACK OF THIS  
APPLICATION WITH THE COMPLETED CDL APPLICATION**

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## **COMMERCIAL DRIVER'S LICENSE (CDL) PROGRAM**

### **Documents required for acceptance:**

- **Full Drivers History Report:**

<https://apps.pwp.pa.gov/IDR> – Choose Full Drivers History Report

- **Pennsylvania Child Abuse History Clearance Report**

(<https://www.compass.state.pa.us/CWIS>) Print out report

\*choose: School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.

- **Pennsylvania Criminal Record Report**

<https://epatch.pa.gov/home> – print out report

\*choose: Submit new request, then choose Individual request, then choose employment for reason for report.

- **FBI background report:**

<https://www.identogo.com/>

\*choose "get fingerprinted", then choose the state of PA for your state, then choose at the bottom of the page "digital fingerprinting", then enter service code: 1KG6XN, then choose "schedule an appointment".

Once you have your ink done, they will give you a receipt with a UZ number on it, please email that to me and we can run your report from here.

- A copy of your current PA Drivers License (front and back)

- A copy of your original Birth Certificate