



## ELDT Application

### ELDT Enrollment Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Desired Position: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  Do you have a CDP? YES  NO

CDL-A Driving Experience? YES  NO  -

What type of endorsement are you looking to YES  NO

obtain? Please list \_\_\_\_\_

### Driving Record

- H (hazardous)
- S (School Bus)  T (Double or Triple) \_\_\_\_\_
- X (Combo Haz & Tank)
- N (Tank)  P (Passenger)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_