

R.E.A.D.I. Workforce Training System, Inc.
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PO Box 1140
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(406) 388-4177
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CDL Course Application - Registration

*Complete fully and return to R.E.A.D.I. with all required documents & fees. Ten-hour in-cab driving instruction will begin when a learner's permit has been obtained. Driving exam is normally given the second or third week of each month. **On-line instruction requires being able to utilize Adobe Acrobat Reader and e-mail.***

Full Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Physical addresses where resided during the 3 years preceding date of application:

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

E-mail address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Date of Birth _____

Company Names & Addresses of Employers during the 3 years preceding the date of this application, dates employed and reason for leaving:

Name: _____

City _____ State _____ Zip Code _____ Dates employed _____

Reason for leaving: _____

Name: _____

City _____ State _____ Zip Code _____ Dates employed _____

Reason for leaving: _____

Name: _____

City _____ State _____ Zip Code _____ Dates employed _____

Reason for leaving: _____

Do you have any special needs that need to be addressed to enhance your training experience? _____

What certificates do you want to qualify for? (A1, HazMat, etc.) _____

Include with this completed and signed application:

- ___ Applicable Fees. Check _____ Credit Card _____
- ___ Copy of Front and Back of Current Driver's License. (We will copy)
- ___ Medical Examiner's D.O.T. Certificate-less than 30 days old (Furnished by your Dr. - Keep copies for your employer and your records).
- ___ Driving Record Information Release Form. (Page 3, READI DR0604)
- ___ Attach a list of all motor vehicle accidents of which applicant was involved during the 3 years preceding date of this application, specifying date and nature of each accident and any fatalities or personal injuries it caused.
- ___ Attach a list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding the date this application is submitted.
- ___ Attach a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you, or a statement that no such denial, revocation, or suspension has occurred.

Fee Structure (See CDL Tuition Policy)

If you are unable to bring your credit card to our office, complete the following.

Name on Card (If different than above) _____
Billing Address for Card _____ City _____
State _____ Zip Code _____ Card Type _____
Card # _____-_____-_____-_____ Expiration Date _____

Information provided may be used, and previous employers may be contacted, for the purpose of investigating the applicant's safety performance history information.

*The applicant will be liable for payment of all costs incurred by **R.E.A.D.I.** in the collection of past due obligations or collections on returned checks including court costs, service of process, and reasonable attorney fees.*

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Student Signature

Date

R.E.A.D.I. Officer Signature

Date

**US DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD #391.23**

(Driver's Name)

(Driver's Operators License Number)

(Driver's Social Sec. Number)

(Date of Birth)

Ladies and Gentlemen:

The above listed individual has made application with us for Training as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to use what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

I, the undersigned, hereby authorize the release of my driver's records and provide to the person/firm making this request.

Respectfully yours,

Signature of applicant

Date: _____

For Office Use
Name of firm/business if applicable
Signature of person making inquiry
(Printed) Name of person making inquiry
Title of person making inquiry
Date