**CDL Training Agreement**

**Student Name:** Click here to enter text.

**Career Solutions Career Planer:**  Click here to enter text.

**Training Agency Name:** Click here to enter text.

**Training Agency Representative:** Click here to enter text.

**Release of Information**

Career Planner will have signed Consent to Share Information/Release on file with student.

**Attendance**

In the event a student misses class, the training agency named above is required to notify Career Solutions within 24 hours. This notification is required in each instance of a student’s absence.

**Scheduling**

In the event that the teaching schedule changes, the training agency named above is required to notify Career Solutions within 24 hours. (Example: individual classes canceled or rescheduled, modification of full-time to part time instruction (or vice versa).

**Payments/Refunds**

* Career Planner will submit voucher to training site in the amount agreed on below.

Clarify policy if:

1. student does not complete
2. student is expelled
3. student drops out

**Testing**

* How many tests are included in the training fee? (three is preferred) \_\_\_\_\_\_\_\_\_
  + Testing must be done in manual if training was completed in manual.
* Can we schedule test upon enrollment or do we wait until student has successfully completed the training? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

**Course Content and Prerequisites**

* Class Syllabus
* Cost Sheet (breakdown of hours and tie to tuition)
* Automatic vs. manual. Training is for:
  + Automatic Cost $\_\_\_\_\_\_\_\_\_\_\_
  + Manual Cost $\_\_\_\_\_\_\_\_\_\_\_
  + Both Automatic and Manual Cost $\_\_\_\_\_\_\_\_\_\_\_
* CDL Permit:
  + Required prior to enrollment:

□ included in tuition cost

□ *not* included in tuition cost

* + Done as part of training:

□ included in tuition cost

* + □ *not* included in tuition cost
* DOT Physical:
  + Required prior to enrollment:

□ included in tuition cost

□ *not* included in tuition cost

* + Done as part of training:

□ included in tuition cost

□ *not* included in tuition cost

* Drug Screen
  + Required prior to enrollment:

□ included in tuition cost

□ *not* included in tuition cost

* + Done as part of training:

□ included in tuition cost

□ *not* included in tuition cost

Closeout

Certificate of completion will be provided by the Training Agency named above to the Career Solutions Career Planner named above.

**Signatures**

By signing below, the parties agree to the terms of this agreement. The parties attest that the student named above is an eligible candidate for CDL licensure. The parties agree that noncompliance with this agreement is grounds for dismissal from the program.

Career Planner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

& Date

Training Agency Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

& Date

Training Agency Representative: Click here to enter text.

Training Agency Name: Click here to enter text.